

# South Carolina Department of Health and Environmental Control

## FY 2004 – 2005 Annual Accountability Report

September 2005



South Carolina Department of Health  
and Environmental Control

### **Accountability Report Transmittal Form**

Agency Name Department of Health and Environmental Control

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## Section I — Executive Summary

The Department of Health and Environmental Control (DHEC) is the public health and environmental protection agency for the state. The Department is charged with the protection of public health and the environment and carries out its duties pursuant to numerous statutes including, but not limited to the: Emergency Health Powers Act, Pollution Control Act, Safe Drinking Water Act, Hazardous Waste Management Act, Solid Waste Policy and Management Act, Beachfront Management Act, Contagious and Infectious Diseases Act, State Certification of Need and Health Facility Licensure Act, and Vital Statistics Act. The agency is organized to serve the public under four broad areas:

- Environmental Quality Control (EQC),
- Health Services (HS),
- Health Regulations (HR), and
- Ocean and Coastal Resource Management (OCRM).

### I.1

Mission
We promote and protect the health of the public and the environment.
Vision
Healthy People Living in Healthy Communities
Values
Customer Service
Excellence in Government
Use of Applied Scientific Knowledge for Decision-making
Local Solutions to Local Problems
Cultural Competence
Teamwork
Our Employees

The agency performs this mission in a time of change in the health services arena; amid unprecedented state growth that impacts the viability of our environment and the quality of our land, air and water; changing demographics resulting in greater ethnic diversity and an expanding population of retirees; with four years of state budget cuts and looming federal cuts and with added responsibilities and concern for homeland security.

**1.2 Major Achievements from the Past Year:** The following list briefly describes major achievements from the past year. For additional accomplishments, see the *Healthy People Living in Healthy Communities Report* at: <http://www.scdhec.gov>

#### **(A) Emergency Response and Preparation:**

**Graniteville Norfolk Southern Rail:** On January 6, 2005, a Norfolk Southern train derailed after colliding with a parked train in the Graniteville community in Aiken County. The derailment involved two locomotives and 16 rail cars. Four of the cars contained hazardous materials: three carried chlorine and one carried sodium hydroxide. During the derailment, one tank car of chlorine was punctured, releasing an estimated 60 tons of chlorine gas into the surrounding community. Nine fatalities and numerous injuries resulted. DHEC worked with local, state and federal agencies along with Norfolk Southern in responding to this tragic incident. DHEC supported the response effort through plans established for Health and Medical Services and Hazardous Materials. The on-site responding agencies worked for 14 days to handle the two full tank cars of chlorine, the remaining chlorine in the punctured car and the tank car containing sodium hydroxide, during which time residents remained evacuated from the local area. At the

time of this publication, DHEC continues to work through a community coalition to address citizen concerns regarding the derailment.

***Response to Salmonella Outbreak:*** Salmonella food poisoning led to one death and 304 confirmed and suspected cases in one of the largest outbreaks of food-borne illness in the state. Teamwork among DHEC central office and regional staff from nursing, environmental health, epidemiology, laboratory and public information and staff from Kershaw County government led to a successful response to a serious public health emergency.

***Public Health Preparedness and Response for Bioterrorism Program:*** DHEC has established strategic leadership and direction for improving public health response and preparedness for emergencies. Specific accomplishments include: participation in the National Strategic Stockpile exercise; continued integrated planning efforts with state and local governments; improved disease investigation and outbreak response; increased state public health laboratory testing capabilities and specialized staff training; improved rapid communication network between staff and external partners (Carolina Health Electronic Surveillance System and HAN/Communication and Information Technology); expanded emergency preparedness training and educational programs; and participation in State and Regional Counter-Terrorism Coordinating Council initiatives.

***Response to National Flu Vaccine Shortage:*** This past fall, the agency found itself in the middle of an unanticipated national flu vaccine shortage. DHEC responded by procuring additional vaccine and by providing public health administration of the state program. Need was assessed on two levels: the most at-risk populations and the areas of the state with the least amount of vaccine. While there were no perfect solutions, the agency responded in the most efficient manner possible receiving numerous positive public comments during this crisis.

***Emergency Response:*** DHEC's Emergency Response Division documented 113 hazardous material spills, 576 oil spills and 179 other spills, 56 fish kills, responded to 24 nuclear incidents and participated in 63 exercises. The Division also documented 1108 calls into the 24-hour emergency response line.

#### **(B) Response to Chronic and Emerging Challenges that Affect Quality of Life:**

***Fluoridation Mini-Grants:*** Fluoride in drinking water helps to ensure the overall good oral health of South Carolinians. The South Carolina Drinking Water Fluoridation Grant Program provides grants to public water systems to assist them in implementing or maintaining drinking water fluoridation. Funding support for the program is provided from the Centers for Disease Control and Prevention. In FY 2004-2005, the grant program provided assistance to eight public water systems with a total allotment of \$75,661.00.

***Obesity State Plan:*** With strong support from DHEC, South Carolina is implementing a strategic approach for the state to address its obesity problem. The framework, Moving South Carolina Toward a Healthy Weight: Promoting Healthy Lifestyles and Healthy Communities, is a comprehensive and strategic plan for action that outlines various objectives and strategies designed to support healthy nutrition and physical activity behaviors in all aspects of South Carolina life. Key objectives address areas such as business and industry, community and faith-based organizations, schools, health care systems and research. The framework was developed by a multi-faceted group of private and public partners that began work in May 2004 and released the report in June 2005.

***Pandemic Flu Plan:*** DHEC submitted the Pandemic Flu Plan to the State Emergency Operations Division in March 2005, and is now preparing Standard Operating Procedures

(SOPs) to implement the plan. The Influenza Surveillance SOPs are also complete. The state is now better prepared to deal with the type of emergency represented by pandemic flu.

***Breast Cancer Program Expansion:*** Beginning July 1, 2005, South Carolina began full implementation of the Breast and Cervical Cancer Prevention and Treatment Act of 2000, managed by the Department of Health and Human Services, in partnership with DHEC. State funding of \$1 million dollars has been allocated toward this program. Previously, breast and cervical cancer treatment through Medicaid was limited to only women ages 47-64 in the Best Chance Network. Implementation has now expanded to include any uninsured woman under the age of 65 meeting income guidelines. [See III.7.2.22.]

***Health Disparities Summit:*** The first South Carolina Leadership Summit on Eliminating Health Disparities was held in conjunction with the 2005 Minority Health Issues Conference as a result of recommendations from a proviso from the SC General Assembly. The summit convened state, local and community leaders to coordinate health disparity efforts with a focus on policy, community, research, data and evaluation, and minority health professions development.

***Newborn Screening Panel Expansion:*** South Carolina jumped to the forefront in the country in newborn screening by expanding the newborn screening test panel to include screening for 45 disorders. The agency has also improved its standards and terminology to be consistent with national and medical standards.

#### **(C) Environmental and Coastal Protection and Links to Economic Prosperity:**

***Council on Coastal Futures:*** The Council on Coastal Futures (CCF) issued 18 recommendations in a final report on May 30, 2004. Implementation of these recommendations has been ongoing over the past year. A full-time staff member was hired in May 2005 to oversee the various CCF-related projects. These initiatives include changes to community dock regulations, a partnership with the University of South Carolina to assess science needs, the development of a dock build-out tool for planning purposes, an assessment of marina dredging issues, realtor training workshops, and stormwater workshops.

***Marine Debris Removal Program:*** The Office of Ocean and Coastal Resource Management (OCRM) has acquired limited grants to fund a marine debris and abandoned vessel removal pilot project, which consists of two phases: Phase I covers the Charleston Metropolitan area and Phase II includes the Beaufort, Jasper and Colleton areas. OCRM has received two National Oceanic and Atmospheric Administration awards to begin implementation of a marine debris removal project, and to date, seventeen abandoned vessels and marine debris items have been removed by three local marine contractors.

***Beach Monitoring:*** In an effort to ensure the public's health while swimming along South Carolina's nearly 200 miles of coastline, 2,799 beach monitoring samples were collected and analyzed in calendar year 2004 as opposed to 2,724 samples in 2003. Some of the sampling was the result of a grant program from the Environmental Protection Agency (EPA) that allowed municipalities to aid in sampling and notification efforts. The sampling done by Coastal Carolina University through grants to cities and municipalities allowed for more frequent sampling in some areas than would have otherwise been possible with DHEC's limited staff resources. Other accomplishments included the creation of a database that tracks beach samples and advisories, and allows for electronic transfer of data from the agency's system directly into the EPA's database system.

***Brownfields:*** Recent innovations in Brownfields redevelopment have included augmenting federal grants with state petroleum SUPERB funds at Brownfields sites contaminated with petroleum. [See III.3.5.]

***Charleston Naval Complex:*** In an effort to promote redevelopment, DHEC concurred with the Navy in carving out all property that was not contaminated or was cleaned up to unrestricted reuse standards. For those areas remaining on the Resource Conservation and Recovery Act (RCRA) Hazardous Waste Permit, DHEC has determined that new property owners will not need to be listed on the permit as owners, and that they may enter into voluntary cleanup contracts as an alternative. DHEC has been able to streamline the RCRA process, move to a performance based approach, and accelerate the cleanup of this facility in order to foster redevelopment and provide economic reuse and revitalization of the closed base and its surrounding community. As a result, the majority of the facility property was transferred to the City of North Charleston in February 2005 (2490 acres out of 2500 total acres), and all final remedies will be in place by September 2006.

***Compliance Assistance for Wastewater Treatment Facilities:*** DHEC has undertaken a pilot program to provide compliance assistance to small community and municipal wastewater treatment facilities that have, based on historical compliance rates and other factors, been identified as being at risk for future non-compliance with regulatory requirements. Inspection, sampling and monitoring frequencies have been adjusted so that less time is spent at the routinely compliant facilities and more time is allotted for the at risk facilities. The staff time saved – about 128.5 man-days – is being used to provide compliance assistance to these facilities. Activities have included the development of a self-assessment tool for use by facilities to determine their compliance status, additional on-site technical assistance visits, and a free, one-day workshop to discuss business, financial and infrastructure planning issues.

**(D) Continued Formation of Public-Private Partnerships:**

***Community Involvement in Greenville:*** During the winter of 2004, one of the Greenville County particulate matter (PM 2.5) air quality monitoring sites measured concentrations above the national standard. To address concerns and ensure public input, members of DHEC staff met with neighborhood association members to provide information and answer questions. DHEC is committed to working with the community to investigate potential causes and to inform them of precautions and actions they should take until the situation is resolved.

***Operator Certification Grant:*** Due to limited resources, small drinking water systems may have difficulty meeting the many regulations governing operation of a public water system. Through a grant from the EPA, DHEC has entered into contracts with the South Carolina Environmental Certification Board and the South Carolina Environmental Training Center to provide no cost training (both regional and on-line) for eligible operators of small water systems serving 3,300 or fewer persons. In addition to providing training, the program covers costs associated with required operator certifications.

***Healthy SC Challenge:*** The Healthy SC Challenge is a results-oriented initiative established by Governor Mark Sanford, First Lady Jenny Sanford and DHEC to encourage South Carolinians to improve their health and well-being. The program is designed to heighten awareness primarily in the three main indicators of health: nutrition, physical fitness and smoking cessation by promoting friendly competition among counties and communities across South Carolina.

***“Too Small, Too Soon”:*** DHEC has partnered with WLTX, March of Dimes and Blue Cross Blue Shield of South Carolina in an educational campaign, “Too Small, Too Soon”. The campaign was developed in response to the increasing numbers of infants born prematurely in the state who are at greater risk of death or life-long health and learning problems. “Too Small, Too Soon” presents important information for expectant parents in public service announcements throughout the day and night on WLTX-19.

**SC Cancer Alliance:** The first SC Cancer Alliance Cancer Report Card has been published, comparing South Carolina to the nation. The newest alliance task force has been formed addressing survivor and family issues.

**SC-COPE (obesity):** The South Carolina Coalition for Obesity Prevention Efforts (SC-COPE) is a diverse group of partners working together to promote healthy lifestyles and healthy communities. The overarching milestones are to: develop a comprehensive, coordinated statewide effort to promote healthy weight; encourage communities to support and promote the policy and environmental strategies to improve nutrition and increase physical activity; and improve health of all populations who are affected by the burden of obesity and obesity-related chronic diseases. SC-COPE has entered the second phase of work to implement the objectives and strategies that were outlined in the strategic framework for action.

**I.3 Key Strategic Goals:** The goal of public health is to secure health and promote wellness for both individuals and communities by addressing the societal, environmental and individual determinants of health. The 2005-2010 Strategic Plan has five long-term goals and 21 strategic goals. [See III.2.2.]

LONG TERM GOALS	
1.	Increase support to and involvement by communities in developing healthy and environmentally sound communities.
2.	Improve the quality and years of healthy life for all.
3.	Eliminate health disparities.
4.	Protect, enhance and sustain environmental and coastal resources.
5.	Improve organizational capacity and quality.

**I.4 Opportunities and Barriers:** DHEC's ability to accomplish its five long-term goals is affected by the following:

**Budget Reductions:** The agency continues to promote and protect the health of the public and the environment in the most effective and efficient manner while trying to maintain current levels of service and progress in spite of reduced funding and reductions in staff. The agency is working toward streamlining and restructuring the organization and continues to evaluate programs and services for efficiency and effectiveness. Although the agency has focused on reducing central administration before services, reductions to the agency's base budget make it difficult to maintain core performance efforts, diminish field presence, increase the time for response, and decrease the agency's ability to support communities and citizens. [See III.7.3.1.]

**Federal Budget Cuts:** Congressional discussions do not appear promising for future funding of important public health initiatives. At present, Congress is recommending significant cuts in the Preventive Health and Health Services Block Grant, Maternal and Child Health –Title V Block Grant, the CDC Public Health Preparedness and Response to Bioterrorism Grant, and from the Environmental Protection Agency and the National Oceanic and Atmospheric Administration. Cuts in these programs will have noticeable, adverse impacts on the agency's capacity to address public health threats.

**Staff Retention/Turnover/Vacancies:** Funding is needed to assure availability and sustainability of a competent work force, particularly in the high-demand, hard-to-fill positions for which current salary levels are well below the private sector, other southeastern states, and other state agencies. Currently, most of the vacancies in Health Services are for nursing positions. DHEC has the lowest salaries for nurses of all state agencies, which in turn are lower than the private sector. Other critical positions such as nutritionists, social workers, information systems personnel and environmental scientists/managers are essential to protect the public's health and the environment and to respond to emergencies. Lack of a competitive structure to replace staff

and the growing percentage of experienced staff nearing retirement further impact the agency's ability to carry out its mission in providing essential and mandated public health services. [See above.]

***Response to Emergencies:*** Preparation for and recovery from hurricanes and other disasters require staff resources, time and equipment to maintain a high level of readiness to protect and respond to citizens' needs. Public health workers and programs are a critical resource for meeting present and future threats. Nurses are needed to staff shelters and other agency staff are involved in response and recovery efforts. Homeland security remains a national priority. While federal funds for biological preparedness have been received, program requirements change annually and funding levels have varied from year to year. Limited federal funding is available to address chemical and radiological emergencies with the exception of a federal grant for routine radiological emergency preparedness and response to emergencies occurring at the US Department of Energy–Savannah River Site facility.

***Facilities:*** As aging facilities (many of the agency's facilities are over 50 years old) and infrastructure deteriorate, access to essential public health and environmental services are being impacted as costs of needed renovations or replacements increase.

***Trauma System:*** DHEC assisted the South Carolina Hospital Association and other emergency care provider associations in the legislative approval of the state's Trauma Care Act, which was passed without funding in 2004. This was an important first step, but the voluntary system continues to face serious problems in caring for trauma patients. Despite some Medicaid funding being appropriated for reimbursement to trauma centers and trauma physicians, the existing trauma centers continue to lose millions of dollars and have difficulty hiring and retaining the needed medical personnel. Additionally, there is no state funding that supports the trauma system infrastructure to oversee that hospitals are caring appropriately for trauma patients and to implement policies that will address trauma system issues and improve care for the injured. [See III.7.2.8.]

***Environmental Health:*** Maintenance of the current level of restaurant inspections remains a challenge with the rapid and continued growth of food establishments at over 200 per year. The food service inspection rate continues to be well below Food and Drug Administration recommendations. Temporary foodservice locations at fairs, festivals and other events are increasing and require inspection. Inspection of those facilities erodes resources that are utilized to conduct routine inspections in permitted foodservice facilities. [See III.7.2.9-10.]

***Water Quality and Supply Issues:*** As South Carolina grows, the increased amount of stormwater, industrial wastes, municipal wastes, and nonpoint source (runoff) water pollution that our water bodies are expected to accommodate will be an ever-increasing challenge. Without high quality data, it is impossible to evaluate progress and trends in ambient water quality, assess if drinking water is meeting standards, develop Total Maximum Daily Loads (TMDLs) for improved water quality, or determine the safety of recreational swimming areas. South Carolina has historically been recognized as having an excellent monitoring program. However, the need for increased amounts of data to meet many needs, coupled with decreasing resources for monitoring programs, continues to present a challenge.

Improved water quality of impaired waters continues to be a DHEC priority. DHEC must develop TMDLs for all waters listed on the 303(d) list of impaired waters within the state of South Carolina. Source water assessments of public drinking water systems have been completed and the focus of the program will now shift to the challenging task of encouraging communities to implement local protection plans.

South Carolina is subjected to salt-water intrusion into the Upper Floridan aquifer system along northern Hilton Head Island due to significant pumping in Savannah, GA. Georgia's Environmental Protection Division and DHEC have been cooperatively performing studies of this area for the past five years, and intend to develop resource management options by the end of 2005. The Governor's Water Law Review Committee has developed recommendations concerning water preservation and management. South Carolina and North Carolina have currently formed bi-state commissions in two river basins to address and advise on water issues of mutual interest. The Governor has also appointed a committee to work with a similar committee in Georgia on Savannah River issues. [See III.7.2.4-5.]

***Wetlands Conservation and Restoration:*** DHEC is using state permitting programs in conjunction with the SC Pollution Control Act and the SC Coastal Zone Management Program to protect isolated wetlands to the extent that the authority allows, since a Supreme Court decision removed wetlands from regulatory jurisdiction of the Corps of Engineers. Wetlands are ideal for storing, filtering and recharging water supplies. Revisions to the water quality certification regulation requiring permits for fill into non-jurisdictional wetlands had been promulgated by the DHEC Board, but were not adopted by the legislature. Another recent bill to address isolated wetlands failed to pass the legislature. DHEC held a number of wetland forums across the state during the summer and fall of 2004.

***Coastal Issues:*** Rapid coastal population growth and the subsequent impacts on resource management have lead to increased focus on smart growth initiatives and watershed-level planning efforts. Adequate public access, beach renourishment and the management of marsh islands and ricefields continue to be significant coastal issues. The state received \$5 million in renourishment funds for Hunting Island State Park last year, and this year, the state received another \$5 million for the renourishment of Edisto Beach, monitoring efforts and other smaller projects. [See III.7.2.1.]

***Chronic and Communicable Diseases and their Risk Factors:*** Chronic diseases and risk factors including diabetes, cardiovascular disease, obesity and cancer and emerging infectious diseases including Hepatitis C and West Nile Virus, challenge current resources and planning efforts. In addition, there are other, dangerous infectious diseases (bird flu, SARS, Marburg virus, etc.) that have not yet been detected in this country, but which would have serious and widespread consequence if they are introduced and become established. Preventing the spread of communicable diseases is a core public health priority. Potential savings in preventable health care costs and individual disease burden can be achieved through timely and effective responses to chronic and emerging communicable diseases.

A prevention focus on HIV/AIDS and syphilis continues to present opportunities since HIV is such an important cause of premature death and enormous health care costs in South Carolina. Both diseases are 100% preventable, and syphilis could be eliminated given the all-time low rates in South Carolina, if the agency and the state continue to implement best practices and successful prevention efforts. [See III.7.2.17-22.]

***Increased Resources for Disease Surveillance and Response:*** Federal funding continues to provide the agency with the opportunity to develop and implement a more effective and efficient Disease Surveillance and Response System in the state. Included in these efforts are getting the data and information system working well in all counties, and hiring and training of front-line disease surveillance and response team members in the use of new electronic systems to: rapidly collect report data from doctors, laboratories and hospitals; collate and analyze the data; deploy early event detection systems for identification of pre-diagnostic (syndromic) indicators of

illness; and communicate to all stakeholders to develop a rapid and focused response to any threat or emergency. Federal funds are also available for hospitals to use to develop the information technology capacity to send disease reports to DHEC.

**Youth Smoking Prevention Funding:** No funds were allocated by the General Assembly for youth smoking prevention efforts for 2004-2005, nor were any significant funds provided for 2005-2006. This continues to create a great challenge in continuing DHEC's innovative "Rage Against the Haze" youth movement against tobacco use. Despite the lack of funding, there is still tremendous support by the youth of South Carolina to become members in the movement and desire to make positive changes in their local communities. The agency is exploring creative options to carry on this inventive initiative despite the loss of dollars, including grants and sponsorships.

**New Vaccine Recommendations:** The Centers for Disease Control and Prevention (CDC) added two newly licensed vaccines to the routine childhood and adolescent immunization schedule. CDC has informed states that federal funding for these new vaccines will be available through the Vaccines for Children Entitlement Program, but that new federal section 317 funding would not be available until October 2006. Funds are needed to purchase these new vaccines for children not covered under the entitlement program. Because there are neither federal nor state funds available to help implement these two new vaccines, other DHEC immunization programs are being eliminated or reduced in order to use the existing state funds to begin implementing the new vaccines on a limited basis. [See III.7.2 13,14 & 17.]

**I.5 How is the Accountability Report used?** The report is distributed to the Board, the Executive Management Team (EMT), managers and supervisors and placed on the agency website for staff and the public to view. The report is used both internally and externally as a resource for communicating agency performance and achievements. Internally, the report is used in organizational assessment, performance management, performance improvement activities, orientation of staff and as an agency resource. Externally, the report has been particularly useful in communicating agency performance and function to accrediting boards, community groups and state and local governments.

## **Section II — Business Overview**

**II.1 Number of Employees:** DHEC currently has 4,999 budgeted FTE positions. Of these, the agency has 4,575 employees in FTE positions with 490 FTE vacancies. The number of hourly, per-visit, temporary grant and contract employees varies daily. Approximately 500 additional employees fill positions in these categories.

**II.2 Operation Locations:** DHEC maintains a central office in Columbia and operates its programs, services and regulatory functions in all 46 counties through eight health and environmental quality control regions and three coastal zone management offices.

### II.3 Expenditures/Appropriations Chart:

Major Budget Categories	03-04 Actual Expenditures		04-05 Actual Expenditures		05-06 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$170,865,763	\$57,407,435	\$177,541,121	\$57,997,991	\$181,905,288	\$54,452,464
Other Operating	\$106,982,993	\$19,207,365	\$112,991,520	\$16,326,897	\$184,100,179	\$27,390,891
Special Items	\$5,420,048	\$2,213,146	\$2,447,707	\$2,073,561	\$3,209,749	\$2,290,038
Permanent Improvements	\$826,012	\$	\$652,385	\$	\$	\$
Case Services	\$84,963,968	\$8,139,350	\$99,819,382	\$6,407,488	\$95,212,713	\$7,101,520
Distributions to Subdivisions	\$5,454,598	\$1,467,386	\$6,931,165	\$2,479,557	\$13,307,750	\$1,598,289
Fringe Benefits	\$49,209,654	\$16,958,879	\$50,716,104	\$16,833,688	\$53,069,608	\$14,869,144
Non-recurring	\$	\$	\$	\$	\$	\$
<b>Total</b>	<b>\$423,723,036</b>	<b>\$105,393,561</b>	<b>\$451,099,384</b>	<b>\$102,119,182</b>	<b>\$530,805,287*</b>	<b>\$107,702,346</b>

\*Total funds include federal authorizations

#### Other Expenditures

Sources of Funds	03-04 Actual Expenditures	04-05 Actual Expenditures
Supplemental Bills	\$	\$
Capital Reserve Funds	\$38,883*included above	\$56,311**included above
Bonds	\$	\$

\*Total funds include federal authorizations

#### Interim Budget Reductions

Total 03-04 Interim Budget Reduction	Total 05-06 Interim Budget Reduction
\$1,069,685	\$

### II.4 Major Program Areas Chart: [See Addendum A.]

**II.5 Key Customers:** As the principal advisor to the state on public health and environmental protection, DHEC's key customers and stakeholders include all citizens of South Carolina. The agency's programs and services are targeted to the general public, the regulated community, local governments and other specific groups, according to health or environmental needs, age or economic status. Key services linked to some agency customer groups include:

Environmental Services: Permitting, planning, inspections, regulation, monitoring, outreach and education, compliance assistance, enforcement, investigations & emergency response

- All SC citizens
- Business & Industry
- Communities
- Visitors and tourists
- Local governments
- Contractors
- Developers

Data, Information and Analysis:

- All SC citizens
- General Assembly
- Federal government
- Media
- Other state agencies

Health Regulation: Certification, licensing, monitoring, inspections & coordination

- Nursing homes
- Health care facilities
- Patients
- Radiological facilities
- Trauma system
- Families

Health Services: Screenings, treatment, health education, prevention, emergency response, testing, chronic and infectious disease surveillance & investigation and inspections:

- All SC citizens
- Restaurants
- Under-served populations
- Faith communities
- Children with special needs
- Communities
- Women, infants & children
- Clients with TB, STD or HIV

## II.6 Key Stakeholders:

SC citizens	Communities	Federal government
State & local governments	Providers of services	Medical community
Environmental community	Regulated community	Business & industry
Agency staff	General Assembly	Providers of revenue
Providers of supplies & equipment	Associations and organizations	Providers of information & data

## II.7 Key Suppliers:

SC citizens	Communities	Federal government
State & local governments	Providers of services	Medical community
Environmental community	Regulated community	Business & industry
Providers of supplies & equipment	General Assembly	Providers of revenue

## II.8 Organizational Structure: [See Addendum B.]

## Section III – Elements of Malcolm Baldrige Award Criteria

### III.1 Leadership

**III.1.1 How do senior leaders set, deploy and communicate: (a) Short and long-term direction (b) Performance expectations (c) Organizational values (d) Empowerment and innovation (e) Organizational and employee learning (f) Ethical behavior?** Commissioner Earl Hunter leads the agency in concert with the DHEC Board. The Board, appointed by the Governor and approved by the Senate, has oversight authority for the agency and meets each month or more frequently if needed, to provide policy guidance, oversight, approve regulations, hear contested cases, and set direction for the agency. The Executive Management Team (EMT) provides the senior leadership to advise and support the Commissioner and the Board and to follow the Board's guidance and directives. The EMT is comprised of Earl Hunter, Commissioner; Wanda Crotwell, Assistant to the Commissioner for External Affairs; Carl Roberts, General Counsel; Doug Calvert, Chief of Staff (Administration); Bob King, Deputy Commissioner for Environmental Quality Control; Dr. Lisa Waddell, Deputy Commissioner for Health Services; Steve Snyder, Interim Deputy Commissioner for Ocean and Coastal Resource Management at the time of this printing (Carolyn

Boltin recently assumed this position); and Leon Frishman, Deputy Commissioner for Health Regulations.

The EMT functions as a cohesive team, meeting each week or more often, as needed to address agency issues and direction. Both long- and short-term direction is established in the agency's five-year, outcomes-based Strategic Plan. Each deputy area has a detailed operational plan, directly linked to the Strategic Plan. Performance expectations are specified as strategies and activities in the five deputy area operational plans and are expected to be included in each staff member's Employee Performance and Development Plan (EPDP).

Recently, the agency updated its Strategic Plan 2000-2005 for the next five years. EMT set direction for the agency's planning process by reviewing the current plan, reaffirming the agency's mission and vision, modifying values, and refining broad goals and strategic goals. [See III.2.1.]

The EMT expects agency personnel to use the seven organizational values [See I.1.] when serving the agency's customers. Posters with the values and agency goals are displayed throughout the agency to reinforce these beliefs. A pocket card with the agency's mission, vision, values and goals is given to each employee.

The EMT supports and encourages continuous organization and employee learning. The agency participates in the Management Academy for Public Health, Southeast Regional Public Health Leadership Institute, Center for Public Health Preparedness, and in both the Certified Public Manager program and the Executive Institute. [See III.5.]

**III.1.2 How do senior leaders establish and promote a focus on customers?** Customer service has been a core agency value for many years. [See III.3.] Members of EMT have received training in customer service and have established customer service and cultural competency training as a requirement for all staff. Many of the agency's programs and services are built around community partnerships to ensure customer involvement in planning and delivery. Periodically, Board meetings are held at DHEC facilities in different regions of the state to increase public visibility and accessibility to the Board. The agency Internet site has been redesigned to provide the public easier access to information, including the status of environmental regulations.

Numerous publications such as *Healthy People Living in Healthy Communities* ([www.scdhec.gov](http://www.scdhec.gov)) are produced to inform citizens of South Carolina about the overall health of the population and the state of the environment. Many other documents and presentations by staff are provided to educate customers on a wide range of topics from childhood immunization requirements for school to information for permitted industries and businesses.

**III.1.3 How do senior leaders maintain fiscal, legal and regulatory accountability?**

Senior leadership adheres to established rules and standards involving personnel, management and procurement. The Administrative Policy Issues Committee representing all areas of the agency reviews and adopts new or revised agency policies. The DHEC policy manual is available on the agency intranet. Hiring policies reflect EEOC standards and the agency's affirmative action initiatives. The senior leadership assures that the agency follows both the spirit and the letter of the Freedom of Information Act and the Ethics Act as well as established professional standards. Many agency staffs are certified and/or licensed in particular professional areas such as law, nursing, engineering, social work, nutrition, registered sanitarians and medicine. As such, they adhere to the respective ethical canons and demonstrate these high professional standards to colleagues and staff.

The agency is further accountable through internal and external audits (Legislative Audit Council, grant audits) and control mechanisms, accreditations (CHAP-Community Health Accreditation Program), as well as to the Governor, the Board and the General Assembly [III.1.5 and III.7.5.1-2.] In addition, the agency introduced a fraud, waste or abuse hotline to report issues involving DHEC contracts, programs or personnel.

**III.1.4 *What key performance measures are regularly reviewed by your senior leaders?*** The agency is currently in the process of developing a scorecard of critical performance measures based upon the newly revised Strategic Plan 2005-2010. [See III.2] EMT is working with the Strategic Plan Council to develop a scorecard of measures from the Strategic Plan that reflect the overall performance of the agency and the state of health and the environment in South Carolina. The Board and EMT review key performance measures periodically. Each member of EMT reviews additional performance measures related to his/her own area of responsibility on a routine basis. Critical measures reviewed this past year based on the 2000-2005 Strategic Plan include:

**1. Increase Local Capacity to Promote and Protect Healthy Communities.**

- Average number of announced, unannounced and follow-up food inspections
- Percent of the population served by community water systems providing drinking water that meets all current health based standards
- Regulatory limit for radiation exposures

**2. Improve Health for All and Eliminate Health Disparities.**

- Number of new HIV cases among African Americans and other minorities
- Rate of death and disability due to HIV/AIDS
- Rates of infant mortality, cancer, diabetes and cardiovascular diseases

**3. Assure Children and Adolescents are Healthy.**

- Percentage of adolescents who smoke
- Percent of appropriately immunized children and adolescents
- Number of pediatric and family practice public-private partnerships
- Percentage of children, age 0 to 3, who received a primary care service
- Percentage of unintended pregnancies (teen pregnancy rate)
- Percentage of infants who survive the first year of life, reducing infant mortality

**4. Increase the Quality and Years of Healthy Life for Seniors.**

- Proportion of seniors vaccinated annually against influenza and ever vaccinated against pneumococcal disease
- Percentage of seniors in nursing homes and community residential care facilities that are vaccinated annually against influenza
- Number of elder-centered facilities that encourage more homelike environments
- Rate of injuries due to falls among seniors in nursing homes and community residential care facilities

**5. Protect Continually Improve and Restore the Environment.**

- Percentage of state and associated populations living in areas meeting state and federal primary and secondary ambient air standards
- Percent of surface waters that are fishable/swimmable
- Acreage of shellfish beds
- Percentage of coastal shellfish waters fully approved for harvesting
- Percent of Underground Storage Tank leaks cleaned up
- Percent of non point source sediment and nutrient loads to rivers and streams are reduced
- Hazardous Waste and Superfund actions

**6. Protect and Enhance Coastal Resources and Ensure Proper Management and Access.**

- Percentage of beaches with a healthy beach profile

**7. Improve Organizational Capacity and Quality.**

- Turnover and retention rates of competent and diverse staff
- Percentage of staff that have access to appropriate technology, both hardware and software
- Central agency administrative expenditures compared to total agency expenditures

**III.1.5 How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness of management throughout the organization?** Senior leaders continually seek employee feedback through periodic employee surveys [See III.5.4.], focus groups, routine staff meetings, employee suggestion boxes and statewide video and audio meetings. The use of new technology for video and audio conferencing has made statewide meetings more cost-effective and promotes efficient use of staff time. The Commissioner uses this technology to host periodic statewide broadcasts to update staff on key budgetary and policy issues. Staff may FAX or call in questions during these broadcasts. Both internal and external audits as well as numerous audits from the Environmental Protection Agency, Nuclear Regulatory Commission and other federal agencies routinely provide the Board and EMT with information to improve organization performance. [See III.1.3.]

**III.1.6 How does the organization address the current and potential impact on the public of its products, programs, services, facilities and operations, including associated risks?** See III.3.

**III.1.7 How does senior leadership set and communicate key organizational priorities for improvement?** The Strategic Plan goal to *Improve Organizational Capacity and Quality* defines the organizational investments the agency must make to successfully achieve its goals. The senior leaders developed this goal in partnership with staff, and work across deputy lines to achieve the designate objectives. These priorities are deployed internally via the deputy area organizational operational plans, staff meetings, discipline meetings and Mid-Cycle Summary (report card). The Commissioner also provides periodic updates to employees through his regular agency-wide broadcasts.

**III.1.8 How does senior leadership and the agency actively support and strengthen the community?** Senior leaders serve on many national, state and local boards; are active in their communities, churches and schools; and encourage staff to do the same. Employees are often allowed time away from the job for civic and community involvement related to the mission of the agency and hold numerous agency fund-raisers to support health and environmental issues. In addition, leadership encourages local solutions to local problems through community partnerships and community-based organizational support.

## **III.2 Strategic Planning**

**III.2.1 What is your strategic planning process, including key participants?**

In the spring of 2004, the agency began the process of updating the Strategic Plan for 2005-2010. The Strategic Plan Council, the coordinating group for all planning activities at DHEC, is providing direction and oversight for the new strategic planning process based on priorities set by EMT and the deputy areas. The EMT developed a framework for the planning process by reaffirming the agency's mission and vision and modifying the values, broad goals and strategic goals. [See III.1.1.] Working with a consultant from the Office of Human Resources, Budget and Control Board, over 30 focus groups of agency managers and supervisors were facilitated to provide input for the new plan. Agency employees could access focus group results through the intranet. Communities and customers are routinely engaged in dialogue about the indicators used, appropriateness of services, populations reached or needed changes in strategy.

***How does the strategic planning process account for:***

**a) Customer needs and expectations?** Customer service has been a core DHEC value for many years and community partnerships are a key strategy for the agency to accomplish its mission. Staff continually seeks information from and educates DHEC customers about agency activities to improve coordination and develop joint action plans. DHEC often relies on community input

to determine program content, how efforts should be implemented in the community and to evaluate the quality of agency programs. [See III.3.]

**(b) Financial, regulatory, societal and other risks?** As the public health agency, DHEC must conduct assurance and surveillance activities to protect the health of the public and the environment. Risks are assessed and mitigated through the agency's efforts to achieve its goals and related objectives. Staff help identify the key strategies and objectives that must be tracked to assess agency effectiveness in accomplishing the DHEC mission. The agency is continuing to evaluate ways to include resource estimates in the operational plans of organizational units. Some regions and programs have estimated resources in FTE equivalents and dollar amounts devoted to a given activity or strategy. Developing resource estimates is expected to inform and educate management about the different programs, as well as to increase understanding of the roles and functions of the various staff under their supervision.

**(c) Human resource capabilities and needs? d) Operational capabilities and needs? (e) Supplier /contractor/partner capabilities and needs?** The Strategic Plan Council monitors the progress in achieving the five strategic goals. The agency's broad long-term goal to *Improve Organizational Capacity and Quality* is consistent with the focus areas of the Baldrige criteria. [See III.2.2, Goal 5 and strategic goals.]

**III.2.2. What are your key strategic objectives?** [See the Strategic Planning Chart – Addendum C.] Goals and key strategic goals in the Strategic Plan 2005-2010 are:

**Goal 1: Increase support to and involvement by communities in developing healthy and environmentally sound communities.**

- Increase support to develop healthy communities.
- Protect the public against food, water and vector-borne diseases.
- Promote a coordinated, comprehensive public health preparedness and response system for natural or man-made disasters or terrorist events.
- Work with local governments and communities to improve land use plans to balance growth and natural resource protection.
- Expand public knowledge and involvement in environmental and health issues.

**Goal 2: Improve the quality and years of healthy life for all.**

- Promote healthy behaviors.
- Reduce the occurrence of vaccine preventable diseases.
- Improve maternal and child health.
- Improve the quality of life for seniors living at home and in long-term care facilities.
- Improve access to comprehensive, high quality care.

**Goal 3: Eliminate health disparities.**

- Reduce disparities in the incidence and the impact of communicable diseases.
- Reduce the disparities in illness, disability and premature deaths from chronic diseases.

**Goal 4: Protect, enhance and sustain environmental and coastal resources.**

- Protect the environment to improve public health and safety.
- Enhance environmental and coastal resources.
- Restore impaired natural resources and sustain them for beneficial use.
- Protect coastal and other sensitive areas.

**Goal 5: Improve organizational capacity and quality.**

- Provide continuous development of a competent and diverse workforce.
- Provide reliable, valid and timely information for internal and external decision-making.
- Ensure customer focus and cultural competence in the agency.
- Improve the linkage between funding and agency strategic direction.
- Improve operational efficiencies through the use of improved technology and facilities.

### **III.2.3 *How do you develop and track action plans that address your key strategic objectives?***

The Strategic Plan guides the development of the agency's budget reduction planning and program evaluation. DHEC continues to examine linkages between resources and goal attainment. The agency Strategic Plan Council provides agency oversight on all aspects of the implementation of the plan and monitors measurement and operational planning throughout the agency. The EMT receives periodic reports on progress measures of key objectives.

The agency intranet is used as an aid in the operational planning process. In Health Services, for example, health regions and programs have entered their operational plans in the intranet and can, depending on security level, update activities or reports and review what other areas of the agency are doing to address the same problem. To ensure that planning is data driven, all Health Services units review outcome data provided on the intranet to measure and describe progress on the long and short-term objectives (performance measures) in the plan.

The Health Services deputy area has been developing a Performance Management System (PMS) and will begin with pilot measures this fall. Patterned on the Turning Point National Performance Management Collaborative framework, the PMS will incorporate standards, performance measures, monitoring and quality improvement based on the data.

**III.2.4 *What are your key action plans/initiatives*** The Strategic Plan is deployed daily through deputy area or unit operational plans. Each deputy area has developed an operational plan to define the strategies and activities that will be implemented to achieve the goals and objectives of the Strategic Plan.

**III.2.5 *How do you communicate and deploy your strategic objectives, action plans and performance measures?*** The Strategic Plan is deployed internally via the deputy area plans and organizational unit operational plans. The agency completed and distributed the Mid-Cycle Summary brochure (report card) to all employees highlighting some of the successes and challenges in achieving the goals and objectives in the Strategic Plan 2000-2005. Operational objectives are included in the new agency Employee Performance and Development Plan (EPDP). The Commissioner also provides periodic updates to employees through his agency-wide broadcasts.

For external customers, the Strategic Plan is available on the DHEC website and progress towards achieving strategic plan goals is highlighted each year in the publication "*Healthy People Living in Healthy Communities*" and the Annual Accountability Report which are also available on the Web.

**III.2.6** View the entire DHEC 2000-2005 Strategic Plan at <http://www.scdhec.gov>. The materials for the Strategic Plan 2005-2010 are being developed and finalized and have not yet been posted to the Web.

## **III.3 Customer Focus**

### **III.3.1 *How do you determine who your customers are and what are their key requirements?***

DHEC's customers – all South Carolina citizens – are determined by virtue of South Carolina Code of Laws, as amended, Section 48-1-20. Additional or new services to specific targeted groups of customers are based on state morbidity, mortality and environmental data; national disease prevention agendas (both public health and environmental); and requests from individual citizens and community groups. Key requirements of these customers are determined through on-site fact-finding, consensus building and problem solving activities with customers.

**III.3.2 *How do you keep your listening and learning methods current with changing customer/business needs?*** Customer needs are gathered through both formal and informal

listening and learning techniques and include: participation on interagency boards and committees; front-line staff and those working in the community sharing information learned in one-on-one contact with customers; suggestion boxes; satisfaction surveys; concern/compliment forms; and comment/feedback cards; over 14 toll-free hot lines; public forums and focus groups; participation on councils and boards; interactive Web pages; participation in teleconferences; membership in professional organizations; and monitoring legislative activity.

DHEC is a leader in its commitment to provide services for the state's growing Hispanic population for whom English is not the primary language. Effective translation services are available in all local offices, materials are produced in Spanish and a Hispanic needs assessment has been completed. DHEC has an objective in the new 2005-2010 Strategic Plan assuring that culturally and linguistically appropriate service policies are a part of each deputy area's operational plan.

**III.3.3 *How do you use information from customers/stakeholders to improve services or programs?*** DHEC makes extensive efforts to respond to customer satisfaction issues. Data from the statewide Customer Satisfaction Survey [See III.7.1.1-3.] is reported to the Board, EMT and agency employees. Input from the various customer feedback mechanisms described in III.3.2 is reported to appropriate management teams for evaluation, follow-up and action. Through this continuous quality improvement process, policies, practices and procedures are changed, as appropriate, to more effectively meet the needs of customers and stakeholders. Examples of these efforts include:

- A Director of Constituent Services has been appointed to handle customer issues by providing a central point of contact, responding in a timely manner and identifying possible trends.
- Through the leadership of EQC's Community Liaison and the EQC Public Participation Task Force, the agency is seeking more and better ways to engage public participation. Each EQC program area (Air, Water and Land and Waste) has developed a public participation workgroup to assist with this effort. EQC is currently reviewing all activities to determine the appropriate levels and methods for public participation.
- Comments from businesses and industries that apply to the agency for environmental permits are compiled and a report is submitted quarterly to each of the EQC Bureaus. Process improvements to reflect the card comments are discussed at the Permit Directors cross-media workgroup for review and appropriate corrective improvements.
- Changing of clinic layouts, signage, hours of operation, location of services, open access appointments are often based on customer feedback and of course, funding availability.
- The Council on Coastal Futures recommended improvements to address current and future coastal needs. All coastal stakeholders groups have contributed to the redefining and reaffirming the future course of coastal management in South Carolina.
- EQC district offices respond to all complaints within 48 hours of notification, although this has been particularly difficult to achieve with recent budget cuts. Complaints and disposition of complaints are recorded on the Environmental Facilities Information System.
- DHEC staffs conduct public forums to allow the public to comment on draft regulations. Numerous forums are advertised and held during the year to allow comment and an opportunity for questions from industry, businesses and citizens. All comments (written and oral) become a part of the official documentation for each regulation. Public comments must be considered by staff and the DHEC Board when preparing the final regulation and in determining its need and reasonableness.
- Stakeholders are included on the State Home Health Service Advisory Board.

**III.3.4 *How do you measure customer/stakeholder satisfaction?*** DHEC has systematically measured customer satisfaction at a statewide level for the past six years. The agency has

statewide trend data for a 6-year period (1998-2004) on the following indicators: familiarity with DHEC; use of services; overall satisfaction with the quality of service; satisfaction with specific aspects of service, such as waiting time, courtesy and attitude; staff competence/ability to answer questions; and accessibility. DHEC has a positive public image and, overall, South Carolinians are satisfied with the services. [See III.7.1.1-3.] Customer service is assessed at every level of the agency and in all customer groups.

During a one-week period in April 2005, each public health district surveyed its customers to determine their satisfaction with the services received. Over 27,000 surveys were given out during this time statewide, and over 15,000 customers responded. Over 98 percent of respondents indicated that they would recommend the service they receive to others. This survey will be repeated every six months. Results will be incorporated into Health Services' Performance Management System, and managers will be reviewing the data and implementing strategies to improve (from baseline) their customers' satisfaction.

**III.3.5 *How do you build positive relationships with customers and stakeholders?*** A key agency value is customer service - meeting our customers' needs and providing quality service. The agency's many and varied outreach activities build positive relationships with our customers and stakeholders. DHEC partners with many community, business, local and state government groups, organizations and associations around the state, including: the Bioterrorism Advisory Council, March of Dimes, SC Hospitality Association, American Heart Association, SC Hospital Association and health care facilities.

The agency also provides technical assistance to communities and local governments:

- Compliance assistance is part of DHEC's commitment to customer service and is provided as part of a continuum of activities that includes public education and outreach, permitting, compliance and enforcement. DHEC has renewed its emphasis on compliance assistance. Compliance assistance is assistance that provides clear and consistent information to help South Carolina's business, industry and government understand and meet their environmental obligations. DHEC partners with other assistance providers to develop and deliver compliance assistance to our customers.
- The agency's coastal program is working with Beaufort County, Murrell's Inlet, upper Cooper River landowners and Berkeley County in natural resource planning and management. Regulatory staff regularly interacts with the public as part of the permit review process for critical area, stormwater certification and federal consistency applications.
- DHEC now houses the SC Environmental Excellence Program, a voluntary initiative designed to recognize and reward South Carolina facilities that have demonstrated superior environmental performance through pollution prevention, energy and resource conservation, and the use of an environmental management system. Any South Carolina facility committed to waste reduction and continuous environmental improvement is eligible to participate. The program currently has 30 participating facilities.
- The EPA has awarded South Carolina \$260,000 in Brownfields grants to revitalize former industrial and commercial sites. Participants in the Brownfields Program gain access to expertise and resources from more than 20 federal agencies as well as DHEC. These grants includes \$160,000 for the city of Rock Hill to clean up hazardous substances at the Arcade Textile Mill property and \$50,000 for the city of Sumter to address petroleum spills at an old Western Auto site and \$50,000 to clean up hazardous substances.
- Environmental technical assistance to South Carolina small businesses is available at no charge from the Small Business Assistance Program (SBAP) at DHEC. Some of the ways the SBAP office helps small businesses is: to determine which regulations apply to their particular processes; to inform businesses of their rights and obligations; to provide information on pollution prevention and accidental release prevention and detection as well as technical and compliance assistance; to provide

confidential one-on-one consultation through an audit program; and to act as an advocate and liaison to regulatory staff when businesses request modifications of work practices or approval of technological methods of compliance. [See III.7.1.4.]

- SC local community water systems' fluoridation levels are now available on the CDC's My Water's Fluoride website for the first time ever. Providers can now more specifically determine who is at higher risk for dental caries, and provide more risk specific education and prevention interventions.

In addition, agency staff make numerous presentations, and develop educational materials, fact sheets, and educational bulletins for special interest and community groups, professional and academic organizations, local and state governments, schools, and business and industry.

### **III.4 Measurement, Analysis and Knowledge Management**

**III. 4.1 *How do you decide which operations, processes and systems to measure?*** Measures of key performance are aligned to the objectives in the Strategic Plan and the deputy level operational plans. The agency compiled a list of measures for the Strategic Plan and benchmarked these to national measures, Healthy People 2010 and the EPA Core Performance Indicators. These objectives have been refined to include data source, baseline, frequency of measure, and staff responsibility. Currently, the agency is in the process of finalizing a measurement plan and developing a scorecard of performance measures from the Strategic Plan 2005-2010.

Measures, goals and objectives, operations, processes and systems support the agency's mission and the strategic and operational plans. Measurement decisions are prioritized to collect and analyze data necessary for decision making; to track and evaluate progress toward reaching objectives and goals; to ensure internal and external accountability; and to provide information to the public, as required by state and federal statutes and regulations. Priorities include: access and distribution of public health information and emergency health alerts; detection of emerging public health and environmental problems; monitoring the health of communities; supporting organizational capacity and quality; and measurement of the strategic plan. To help in addressing this priority, the agency has developed SCAN-GIS (SC Community Assessment Network). SCAN is an interactive, Web based system that allows users to access public health data on-line and customize to their specific needs. The user can further customize their queries and produce tables, charts, trend analysis and maps. Public access is allowed down to the zip-code level. With password-protected access, further analyses are allowed by internal staff below the zip-code level.

**III.4.2 What are your key measures?** [See III.2.2. and Strategic Plan Chart – Addendum C.]

**III.4.3 *How do you ensure data integrity, timeliness, accuracy, security and availability, completeness and availability for decision-making?*** The agency has developed and implemented an Enterprise Data Model to house all corporate data (administrative, financial, operational, personnel and clinic data) in a single data base design. This concept allows the systems developed under this database design to automatically propagate any changes within any of these systems to all other systems. To date, personnel and training systems utilize this single model concept, and the agency has developed and implemented Phase I of our clinic- based replacement system. The use of GUI (Graphical User Interface) tools for development (such as drop-down menus, pick lists, and tables within the systems), enhances the quality of data entry. Besides, data quality and integrity have been greatly enhanced with the various developments and deployments of major public health information systems such as the Carolina Health Electronic Surveillance System (CHESS), a component of the nationwide Centers for Disease

Control and Prevention initiative to build public health capacity to respond to biological and chemical terrorism, emerging infections, and other public health threats; and the South Carolina Vital Records and Statistics Integrated Information System (SCVRSIIS). The agency also uses both the Internet and intranet to provide access to reliable data and information.

The agency develops data dissemination tools as well as links to national data systems to ensure data availability for decision-making. The Carolina Health Electronic Surveillance System is being implemented to better manage and enhance the large number of current surveillance systems and allow the public health community to respond more quickly to public health threats, including bioterrorism events. This system is allowing the agency to transition from a paper to an electronic system that will improve efficiency and effectiveness. When completed, CHESS will electronically integrate and link a wide variety of surveillance activities and will facilitate more accurate and timely reporting of disease information from health providers to the states and, ultimately, to and from the CDC.

DHEC's Quality System is the means by which DHEC implements the quality management process for ensuring the quality of all environmental data collection activities. The EQC State Quality Assurance Management Office oversees the implementation of the agency's Quality Assurance Management Plan that all environmental data generated, processed, or used will be scientifically valid, defensible and of known and acceptable precision and accuracy. Analytical and field data generated by DHEC staff are stored in the Laboratory Information Management System (LIMS) database. The LIMS tracks all samples from sample collection to data reporting. Electronic reports can be sent directly to the program requesting the environmental monitoring and analysis.

With the exception of highly confidential data bases (e.g., HIV/AIDS, birth data, etc.) all of the data maintained by the Bureau of Information Systems for the agency is stored on the state's Data Center mainframe and local servers and is routinely backed-up and stored off-site according to DHEC standards. Periodic 'restores' of taped backups are performed. There are redundant firewalls and intrusion device systems installed to prevent unauthorized network access and network monitoring. All agency application and network access is centrally maintained and is restricted with a minimum of ID and password.

**III.4.4 How do you use data/information analysis to provide effective support for decision-making?** The complexity of the agency requires the use of numerous automated systems and processes to select and analyze data and information based on programmatic and scientific need to support decision-making. Suppliers, including federal, state local governments, the regulated community, the health community and citizens identify performance levels each expect from the agency. Many of these measures are the goals and objectives included in the Strategic Plan and in III.7.

The Shared and Integrated Geographic Information System's (SIGIS) mission is to provide managers and policy makers with decision support systems and applications that enable them to better analyze spatial information related to environmental and public health issues. The main objective is to develop and maintain the agency-wide, enterprise GIS infrastructure including hardware, software, network and databases to provide spatial analysis capabilities as well as to interface with existing DHEC information management systems (such as Environmental Facility Information System [EFIS]). The enterprise SIGIS program provides long-term and consistent support for DHEC staff and customers needing GIS and related services. These services include internal desktop applications, intranet and Internet mapping capabilities, and a data server, which provide external users the ability to download GIS layers maintained and developed by DHEC.

The program facilitates a better use of limited resources and minimizes redundancy across the agency's administrative boundaries.

A selected list of systems follows:

DATA SOURCES USED FOR DECISION MAKING	
DATA SYSTEM	APPLICATION
Enterprise Data Model	Integrates all administrative and clinical data
South Carolina Vital Record and Statistics Integrated Information System (SCVRSIIS)	South Carolina population based system for data collection, analysis and dissemination of vital statistics based health status
Health Alert Network	CDC link to respond to biological terrorist threats
Carolina Health Electronic Surveillance System (CHESS)	Manages surveillance systems for rapid response to threats
Central Cancer Registry	Statewide cancer surveillance; investigates cancer clusters
Environmental Facility Information System (EFIS)	Integrates and manages information on regulated facilities, environmental permits, and violation and enforcement actions to support regulatory requirements
Patient Automated Tracking System	Clinical operations & Medicaid billing
Geographic Information Systems	Studies impact of vital events, disease, etc. to develop effective approaches to improve health & environmental outcomes
Health Regulations Data Bases	Analyzes incident and accident reports for response
EMS Trauma	Certification of EMS providers
Internet Shelter System	Manages and staffs Red Cross shelters during disasters
Personnel Action Information System	Processes personnel actions
Data Extract for ORS	Studies data required by ORS
National Violent Death Reporting System	Death information from multiple state sources to assist policymakers & communities in violence prevention
SCAN-GIS	Interactive retrieval system for public health information
TRAMS	Training management and course tracking system
Laboratory Information Management System (LIMS)	Primary repository for environmental lab data
Client Automated Record and Encounter System (CARES)	A client encounter and medical record tracking system to replace current clinical management systems utilizing the Agency Data Model

The above data systems allow the agency to integrate environmental, health and clinical operational data, which in turn, allows tracking of core health/environmental outcomes against agency and state objectives.

**III.4.5 How do you select and use comparative data and information?** As the public health authority for the state, the agency must report health and environmental status and outcomes. Monitoring these results, the “state of the state’s health and environment” is part of the agency’s legislative mandate. Following the Baldrige Assessment, the agency has moved toward monitoring and reporting more performance measures. Many results are benchmarked to national standards. The Healthy People (HP) 2010 Objectives set ten-year targets for health improvement based on the latest health-related research and scientific evidence. The Environmental Protection Agency Core Performance Measures set benchmarks for environmental protection efforts. National Oceanic and Atmospheric Administration establishes national coastal management priorities through a series of five-year strategic plans prepared by each state coastal management program. The Centers for Medicare and Medicaid Services provide standards for delivery of nursing facility services. In addition, the agency uses comparisons with other state agencies.

**III.4.6 How do you manage organizational knowledge?** The agency has developed a public health informatics approach to deliver the right information to the right people in the right time and format. This process will improve how DHEC business is conducted by leveraging data and information that are gathered, organized, managed and shared. The agency’s “Public Health Informatics” committee provides guidance on DHEC’s future data systems and information services initiatives. The committee has previewed all existing major public health systems and data sources and has developed an overall public health informatics infrastructure including data,

systems, integration, standards, confidentiality and security around the agency. Future initiatives of data systems and information services will be reviewed by this team prior to development and implementation, resulting in improved public health efficiency, oversight and guidance, reduced cost and duplication of efforts, and an overall better fit with the agency's infrastructure and needs.

Regional, district and program discipline meetings, professional organizations, community and academic partners, newsletters, distance learning, intranet, as well as the agency's Capacity Building Project and Mentoring Program are utilized to share best practices and enhance organizational knowledge. [See III.5.]

### **III.5 Human Resource Focus**

#### ***III.5.1 How do you and your managers/supervisors encourage and motivate employees (formally and/or informally) to develop and utilize their full potential?***

Several agency employee recognition programs have been implemented: the Employee Bonus Program to reward employees for specific outstanding contributions to the mission of DHEC and the "Cause for Applause" program, a peer award and recognition program. Michael D. Jarrett Awards have been given for over ten years to recognize excellence in customer service and are considered the most prestigious awards given by the agency. The agency is also participating in the Blue Granite Recognition Award presented by the South Carolina State Credit Union and has an Employee Innovation Program to monetarily reward employees who develop cost-saving initiatives. The "Monthly Award for Excellence" is an agency wide effort where staff is nominated by other employees and is recognized by EMT and the Board.

Bureaus, departments and program areas in both central office and the regions recognize employees for excellent customer service to internal and external customers and for awards, achievements, and voluntary community activities. Some examples of the numerous awards that the agency and employees have received in the past year include:

- Public Sector Employer of the Year Award from the Greater Columbia Community Relations Council.
- The CDC, National Center for Health Statistics gave the agency an award for implementing the newly revised birth certification and meeting data requirements.
- Coastal Partnership of the Year Award for working with SC Department of Natural Resources on the SC Oyster Restoration and Enhancement Program
- Environmental Protection Agency Waste Wise Endorser of the Year Award
- Rubber Pavement Association Award for Outstanding State Agency
- 2005 Telly Award for "Earth Today Kid Minutes" an education video series on health and environmental topics
- Numerous awards for PSA's and educational programs on health and environmental topics. (NPHIC, Addy and Emmy awards)
- Palmetto Gold Award to fifteen DHEC nurses out of 100 given for the entire state
- EPA Leadership and National Notable Achievement awards on RCRA Corrective Action Program
- National Social Worker of the Year Award for the public sector

The agency offers telecommuting, alternative work schedules, and flextime as non-monetary incentives for staff.

**III.5.2 How do you identify and address key developmental and training needs, including job skills training, performance excellence training, diversity training, management/leadership development, new employee orientation and safety training?** The leadership of DHEC believes in the importance of setting appropriate job and training standards for employees. Managers and staff are assessed to identify what additional training is needed in order to accomplish the DHEC mission. Training needs assessments are completed annually by respective units, programs and disciplines to plan for staff development. Individual employee development plans are the responsibility of the supervisor and are included in the EPDP performance review form. [See III.5.3.] Leadership and management skills are strengthened through having selected agency staff complete structured leadership and management curricula. The agency has 222 staff who have graduated from the Management Academy at the University of North Carolina and 43 who have graduated from the Southeastern Public Health Leadership Institute. The agency supports annual participation in the South Carolina Executive Institute, the Certified Public Manager Program and Leadership South Carolina and for the first time, had two scholars attend the Environmental Public Health Leadership Institute.

The 2004 Competency-Based Training Needs Assessment has been used as a guide for staff training a competency development or in addressing the needs of DHEC staff. A matrix of competency-based training for public health preparedness is available on line so staff can identify training based on individual needs. The Academy of Public Health Preparedness with the USC-Norman J. Arnold School of Public Health continues to train key DHEC staff along with community partners.

DHEC and the USC Arnold School of Public Health continue to partner in developing training and curriculum to improve the competencies of the public health workforce. This past year, trainings were piloted that address Introduction to Public Health, Collaborative Leadership, Data Use and Interpretation and Community Assessment.

The agency provides training and in-service education for staff and supports and encourages staff through tuition assistance and altered work time to take advantage of other formal and informal educational opportunities. The agency is integrating technology, content and distance learning methodologies to make learning more easily accessible and more cost effective for staff. Video conferencing, courses on video and CD-ROM, and web-based training are currently available.

<b>Agency Training – July 1, 2004-June 30, 2005</b>	
<b>Category</b>	<b>Numbers Trained *</b>
Customer Service	857
Communication	2,748
Computer Software	1,977
Administration	3,075
Management	1,112
Leadership	58
Safety	3,096
Public Health Emergency Preparedness	2,220
Orientation	630

\*un-duplicated count categories may contain a number of different courses

As of June 1, 2005, DHEC had 482 employees participating in the TERI Program. Of this number, 79 are scheduled to leave in December 2005, and another 127 during 2006. [See III.7 .] Succession planning has taken place in the different deputy areas to plan for replacement of management positions. For example, EQC has had over 120 employees participate in their

Capacity Building program. Health Services has planned a Health Services Workforce Continuity and Development Plan, which will be implemented this fall. Initial objectives address the pending departure of many mid to upper level managers due to TERI and early retirement. Strategies include mentoring, coaching, job shadowing, leadership training and development, job rotation, core public health training, formal academic training and improved recruitment and selection processes. The mentoring component is already being implemented, with an initial phase targeting four senior managerial positions.

The agency implemented a Voluntary Separation Program (VSP) last year targeted to TERI employees. Forty-six employees were approved to participate in the VSP.

Other agency workforce development planning strategies include: participating with Office of Human Resources, Budget and Control Board in the Healthcare Recruitment and Retention Pilot Program, which offers pay bonuses and education incentives to new and current staff; and providing workforce demographics to each deputy area. DHEC has developed and implemented a New Employee Orientation program that includes an on-site session and an intranet component providing an overview and history of the agency, customer service training and information on important agency policies.

**III.5.3 *How does your employee performance management system, including feedback to and from employees, support high performance?*** Last year the agency revised its performance management system. The new system is called the Employee Performance and Development Plan (EPDP) because of its emphasis on both performance and development. The EPDP added two new sections emphasizing employee development: “Future Training and Development” completed by the supervisor and “Organizational Support,” is completed by the employee giving suggestions as to how the supervisor, co-workers and/or agency management can support him/her in the present job and with future career goals. These new additions have helped improve workforce development and motivation. This consolidated document has resulted in a streamlining of processes and includes clear and measurable performance standards with direct correlation to the agency mission.

**III.5.4 *What formal and/or informal assessment methods and measures do you use to determine employee well-being, satisfaction, and motivation?*** Since 1989, the agency has conducted an Employee Survey every other year to assess employee attitudes and opinions on a broad range of topics. The results of the most recent survey in 2004 closely mirrored previous surveys. Respondents were most positive about job satisfaction, quality of services delivered and importance as a contributor to the team. Respondents were least positive about salary, benefits and recognition. Over these past 15 years, DHEC employees have continued to feel positively about their jobs and the contribution they make, but have been dissatisfied with what they get in return - salary, benefits and recognition. The Employee Survey allows for open-ended comments, which give staff an opportunity to voice their concerns. This information is shared with the Commissioner and other members of the EMT.

Across the agency, a variety of formal and informal methods are used in individual units to determine employee well-being, satisfaction and motivation. Examples of these include: focus groups, job satisfaction surveys, self-directed teams, formal assessments by outside consultants, the Employee Agency Review survey and ongoing assessments through the EPDP system. The electronic exit interview allows for easier completion and additional analysis of data from departing employees. The PAIS system provides deputy areas with more specific turnover information and allows for better turnover analysis. DHEC has consistently had lower overall employee turnover than other state agencies. [See III.7.4.1.]

The agency maintains a DHEC Savings Web page where any staff member may enter suggestions for ways to increase efficiencies and save money. The result of this initiative is that staff offer very creative ideas and actively participate in decisions that can lead to cost savings. All ideas are evaluated and ideas with measurable savings potential are implemented and those ideas that need to become policy are referred to the Administrative Policy Issues Committee. Suggestions with substantial monetary savings may be recognized through the Employee Innovation Program.

**III.5.5 *How do you maintain a safe and healthy work environment?*** DHEC's commitment to the safety of its employees is reflected in the decreases in Workers Compensation claims and in the average amount paid per claim over the last six years.

The Capital Health Campaign initially targeting the DHEC workforce and focusing on behaviors that reduce the risk of chronic disease later in life, is being implemented in the agency in a pilot phase. The program has a strong evaluation component and will attempt to demonstrate improvement in risk factors among program participants. The plan is to offer the program to the entire DHEC workforce over time and to other state agencies, as it is able to demonstrate program effectiveness and cost savings.

DHEC's Safety Committee, representing all parts of the agency, meets monthly to help guarantee a safe and healthy environment for both staff and visitors. There are also safety committees in the deputy areas, in region offices, and in the laboratory support area. The Risk Management Committee, composed of representatives from several other agency committees, e.g. safety, vehicle safety, infection control, and workers compensation, maintains an agency intranet site to provide consolidation of relevant policies and information for employee safety and well-being e.g., fire plan, bomb threat plan and safety plan. Practice exercises and safety inspections are held periodically to assure employee safety and response.

The agency promotes workplace and individual health by providing education, safety and health tips, preventive health screenings such as mammography and prostate exams, and "Lunch and Learn" sessions that promote healthy lifestyles. Other activities include smoking cessation programs, yoga and Weight Watchers' classes. Employees are offered annual flu shots each fall. The Employee Health Committee gives direction to these activities.

**III.5.6 *What is the extent of your involvement in the community?*** Because of DHEC's mission, community involvement and volunteerism is supported and encouraged by management. Employees are involved in many church, school, community and civic health and environmental activities and programs around the state. Some of these activities include; Keep America Beautiful, SC Litter Association, Habitat for Humanity, March of Dimes, United Negro College Fund, Boy and Girl Scouts, Families Helping Families, City Year, Urban League, Greater Columbia Community Relations Council and walks for various health related issues (breast cancer, MS, juvenile diabetes, cardiovascular disease, etc.). Staff volunteers after hours as firemen, constables and EMS personnel and with area schools as business partners with Lunch Buddies, at science fairs and in school supply drives. This past year DHEC employees raised over \$71,384 for United Way, \$17,105 for the American Heart Association Heart Walk (#1 government agency team), and \$16,153 for Community Health Charities of South Carolina. [See III.1.8.]

### **III.6 Process Management**

**III.6.1. *What are your key design and delivery processes that produce, create or add value for your customers/organization, and how do they contribute to success?***

**III.6.2. *How do you incorporate new technology, changing customer and mission-related requirements into these design and delivery processes and systems?***

#### **Key Design and Delivery Processes**

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Provide protection from biological and chemical hazards by responding to events that threaten homeland security.
4. Inform, educate, and empower people about health and environmental issues.
5. Mobilize community partnerships and action to solve health and environmental protection problems.
6. Develop policies and plans that support individual and community health and environmental protection efforts.
7. Enforce laws and regulations that protect health and the environment and assure safety.
8. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
9. Assure a competent work force – public health, environmental protection and personal care.
10. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
11. Research for new insights and innovative solutions to health problems.
12. Assist communities in planning for and responsibly managing growth.
13. Manage coastal resources to maintain a healthy coastal environment.
14. Inspect, permit and license health facilities and services.
15. Inspect, permit and license the business and industrial regulated community.
16. Evaluate and respond to environmental health hazards.
17. Provide laboratory services to the regulated community and the private sector.
18. Assist small businesses with regulations and requirements.
19. Improve organizational capacity and quality.

Examples include:

- Recycling is one of South Carolina's top environmental success stories. Nearly one million tons of materials were recycled in fiscal year 2004 and nearly nine million tons since fiscal year 1998. Recycling is also an economic success story. The recycling industry employs about 20,000 people in South Carolina and has an economic impact of \$1.4 billion according to a recent report completed by the SC Department of Commerce. Recycling reduces the need to build landfills and incinerators, reduces greenhouse gas emissions and pollution as well as saves energy and natural resources.
- EFIS Phase II provides additional capabilities for transferring data to and from the EPA via the Network Node, as well as development resources for streamlining the permitting and compliance processes for Air, Land and Waste Management, Water, Ocean and Coastal Resource Management, Radiological Health and Environmental Services. Interfaces for access to public information via the Internet and integration with South Carolina Business One-Stop (SCBOS) have been added.
- SCBOS is a user-friendly on-line resource that DHEC partners with other state agencies and private companies to provide access to information, resources and documents needed by businesses to get registered, licensed and pay fees in order to operate in South Carolina. By having everything accessible at one, on-line location, SCBOS saves both the agencies and their business customers' time and money.
- The agency has completed development of Phases I, II, III of SCAN-GIS. Ten years of birth and death data are available and provide GIS maps at the county level. Approved users can access data and maps down to the zip code level. This system is an effective tool to assist local communities with emergency response and has been demonstrated to the state Homeland Security Task Force. Plans include additional uses to support response to emergencies.

- Rapid notice to, and requests for, information from many public and private partners is essential to emergency response to natural disasters, biological, chemical or radiological events. Each DHEC health region has installed a high capacity computer to be used in the event of emergencies and new high-speed transmission lines and switches are being installed. Software and computers for a "calldown" system (a much more capable "broadcast fax" system) is in place, and its databases of names and numbers for rapid notification are being installed as quickly as possible. This system will be used to improve response time and coordination during emergencies and support Homeland Security efforts.

Agency information systems are used to collect and analyze data used for programmatic and operational decision-making [See III.4.3.] For example, all districts have active Continuous Quality Improvement Teams, charged with reviewing data and making recommendations for quality improvement. Reviewed data includes surveillance data (mortality, morbidity, behavioral), clinical outcomes, productivity, financial, customer satisfaction, incident reports, show rates and assurance of service delivery. Mechanisms used to gather the data include statewide and local automated systems, chart reviews and manual and electronic survey results.

**III.6.3 *How does your day-to-day operation of these processes ensure meeting key performance requirements?*** Performance is continuously monitored based on the Strategic Plan and program level objectives. Information systems provide routine reports on program and project status [See III.4.] Customer response is used to improve production and delivery. [See III.3.]

The Office of Internal Audits (OIA) routinely conducts audits of agency programs. Employees are asked each year for input into the agency's Annual Internal Audit Plan. During FY2005, OIA issued seven audit reports. The internal audits identified areas where the agency could improve operations, strengthen internal controls and save or recoup costs. All internal audit recommendations from calendar years 1995 through 2003 are closed. This shows a serious commitment by DHEC managers to make positive changes in the agency. [See III.7.5.1-2.]

OIA also receives and reviews the sub-recipient audit reports from those contractors who receive federal funds from DHEC and meet the requirements of OMB Circular A-133. There are a total of 219 sub-recipients for FY2004. As of June 30, 2005, the agency has received 59 A-133 audit reports. We have received notices indicating A-133 audit reports are not required for 117 sub-recipients. Initial requests were sent out on November 22, 2003, and second requests were sent out on April 14, 2005. We are waiting to hear from 43 sub-recipients. The Deputy areas and the Commissioner's Office report to OIA quarterly on the status of sub-recipient contractors.

**III.6.4 *What are your key support processes, and how do you improve and update these processes to achieve better performance?*** The Bureau of Business Management (BBM) provides oversight and assists in the management of key product, service design and delivery processes. BBM provides efficient and cost-effective support services including: procurement; facility planning and management; architectural/engineering construction services; inventory control and asset accounting; risk management; property management; central supply and distribution services; mail and courier operations; motor vehicle management and maintenance; facility maintenance and security; and printing services. Business Management provides these services to prevent inefficiencies and redundancies in services while refining agency processes to be more effective and cost efficient. Other examples may be seen in III.7.3.2-4.

**III.6.5 *How do you manage and support your key supplier/contractor/partner interactions and processes to improve performance?*** DHEC has numerous internal processes and safeguards to examine its key relationships to continually improve performance. Procurement staff manage business relationships by: ensuring that program contract monitors are assigned to major

projects; serving as a resource for funneling purchasing and contract information to end users; acting as mediator between program areas and suppliers/contractors/partners to ensure fair and equitable treatment; and using proactive language in solicitations and program administration to encourage supplier/contractor/partner success and ownership in the overall outcome of the scope of work. Internal customers are provided with current market prices and methods to aid in selection of cost effective and efficient procurements to accomplish their objectives.

Procurement Services continues its practices with mutually beneficial partnerships, through contract meetings, which meet the needs of both the agency and the contracting party. Business relationships are managed by taking proactive measures in conducting pre-performance conferences for complex service contracts and through quarterly business coordination meetings.

The “Vendor Trade Show” was held again this year allowing the vendor community an opportunity to showcase their products and services and to meet agency purchasing staff and end-users. Surveys were conducted to rate the informational business value, level of interaction, and venue location of the show. Survey analysis again indicated both the vendor community and employees found the vendor fair extremely beneficial.

The Solicitation Management System (Procurement WebPages) continues to provide self-serve access to solicitations and awards, which reduces administrative costs. Since inception in 2002, there are now more than 750 vendors registered as users, more than 465 solicitations and approximately 1035 documents have been made available. The use of the Web allows vendors to self-serve access to solicitations and award information, reducing administrative costs, distribution and postage fees, and other associated costs.

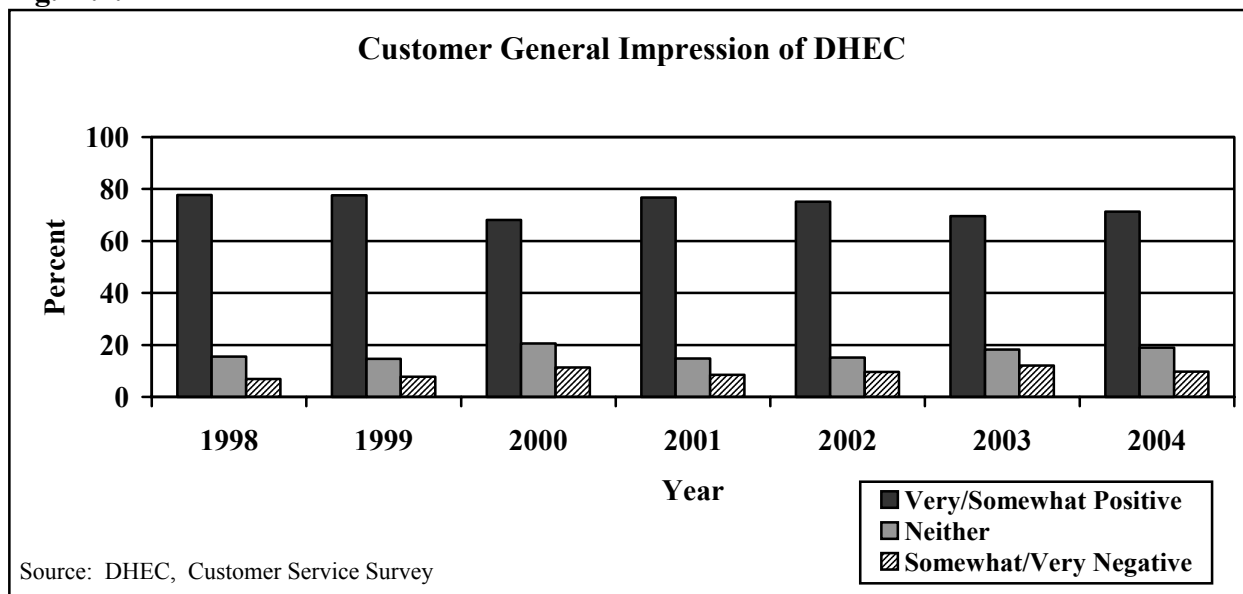
Evidence of success in managing and supporting key supplier/contractor/partner interactions and processes in improving agency performance include: diverse community partnerships through the Minority Business Enterprise program where DHEC has been the top one or two state agencies in MBE expenditures for the past five years and Quarterly Direct Purchase Order updates, where suppliers/contractors/partners present or provide service information, e-commerce updates, and utilization information for distribution. Procurement Services continues to examine, identify and address the needs of suppliers/contractors/partners with successes identified by increased participation and savings by using the agency purchasing card, and increased use of the Procurement WebPages.

### **III.7 Business Results**

As the public health authority for the state, the agency must report health and environmental status and outcomes. Monitoring these results, the “state of the state’s health and environment,” is part of the agency’s legislative mandate. Following the Baldrige Assessment, the agency is moving toward monitoring and reporting more performance measures for both the agency and the state. While some of the objectives reported in the following section are performance measures for the agency, many are health or environmental objectives for the state. [See following pages.]

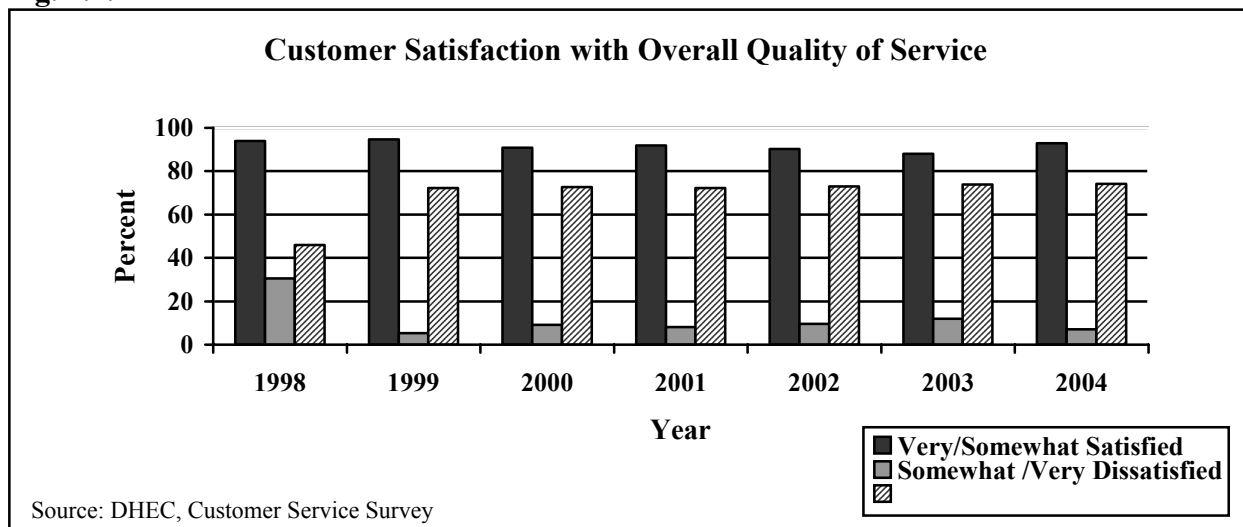
### III. 7.1 Customer Satisfaction Results

Fig. 7.1.1



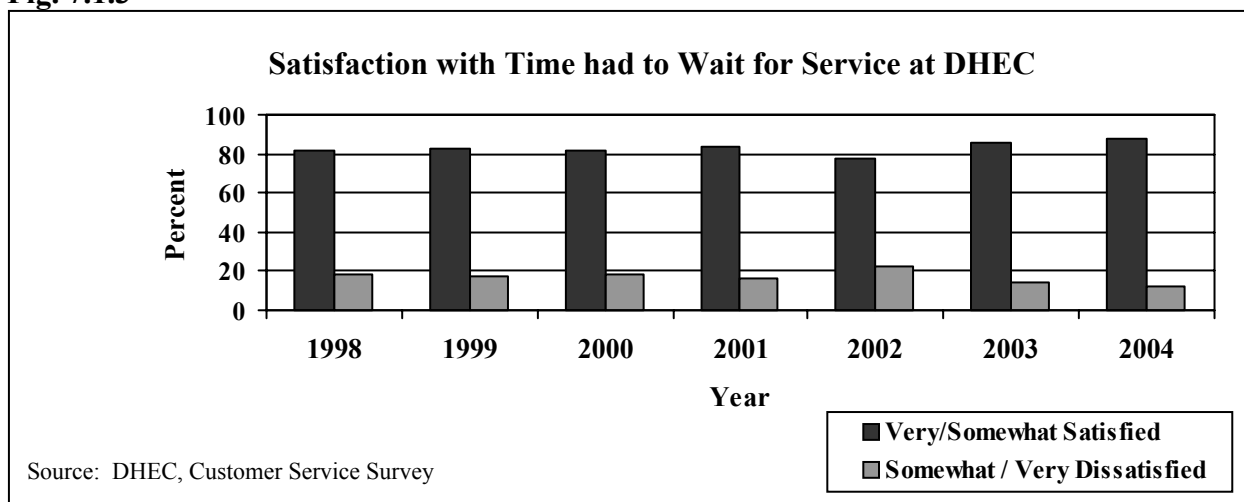
Overall, the results from the 2004 survey concerning the South Carolina public's view of DHEC reinforce those from previous years, and actually represent a slight improvement over 2003 results. This has been achieved in spite of budget cuts and staffing shortages. The public generally has a favorable view of the agency, with over 70% of those who have heard of DHEC having a very positive or somewhat positive impression of the agency.

Fig. 7.1.2



Respondents who have used DHEC's services were asked to evaluate the overall quality of the service they received. Overall satisfaction with service is 93%, the highest that it has been since 1999. DHEC remains well above the national \*American Customer Satisfaction Index (ACSI) Overall Quality Satisfaction of 74% for 2004.

**Fig. 7.1.3**



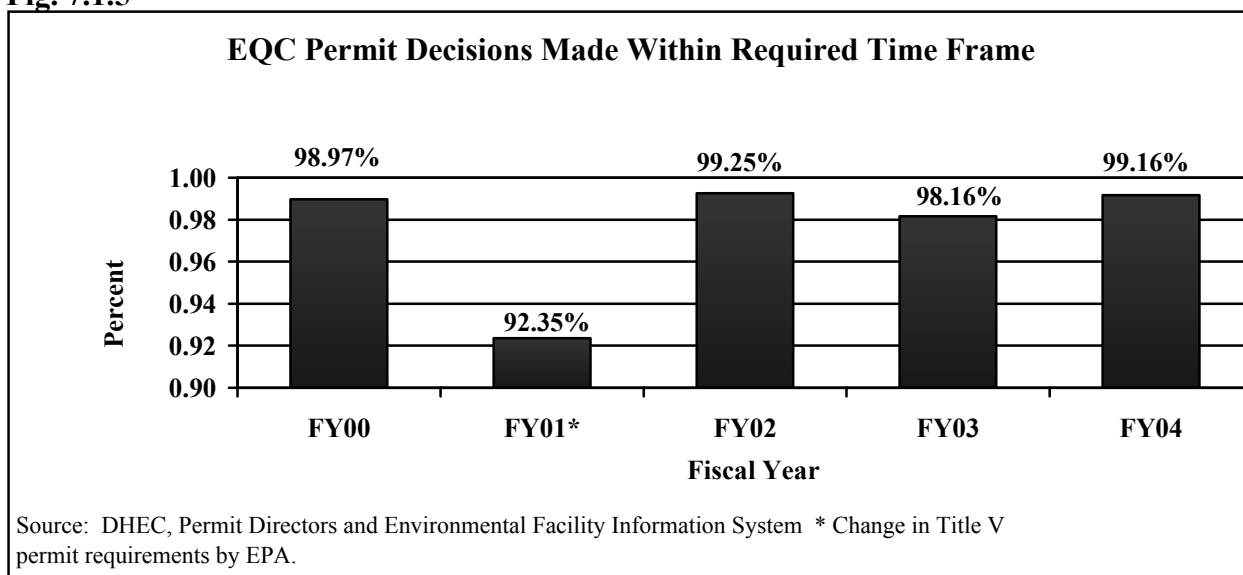
Satisfaction with the amount of time clients had to wait for service has been stable over a seven-year period, with 80% of respondents satisfied with time they had to wait for service. Overall satisfaction with the time clients had to wait is 88.2%, the highest that it has ever been.

**Fig. 7.1.4**



The Small Business Assistance Program (SBAP) at DHEC serves as a non-regulatory advocate for small business in South Carolina. The program provides a variety of free services to small businesses to help them understand and comply with their state and federal regulatory requirements.

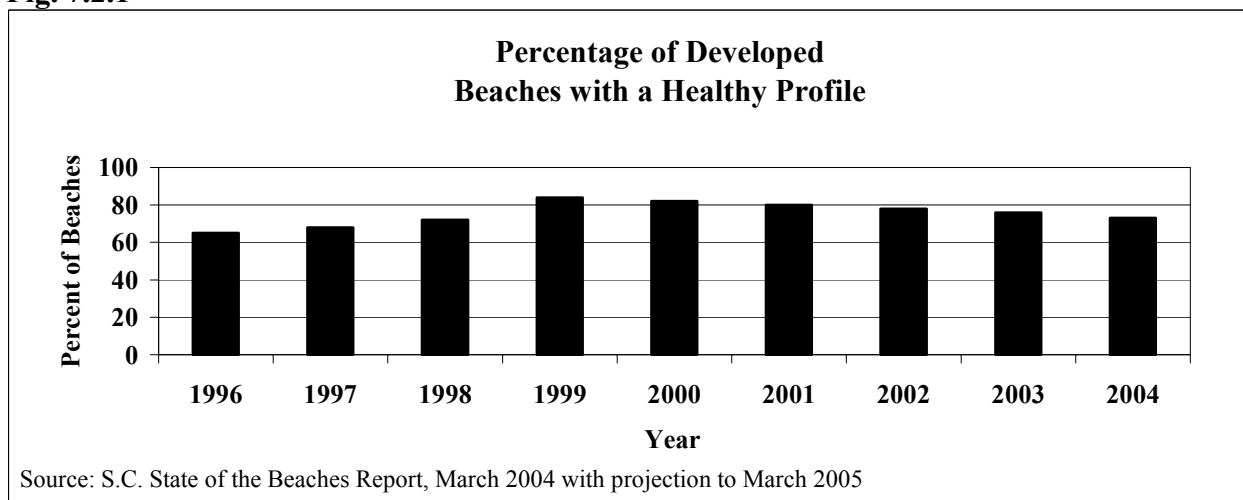
**Fig. 7.1.5**



Specific turn-around time frames for permits issued by DHEC were a condition of the business community in exchange for their support of user-fee legislation. DHEC strives to make the permitting process as efficient as possible for our customers while still writing permit conditions that are protective of public health and the environment.

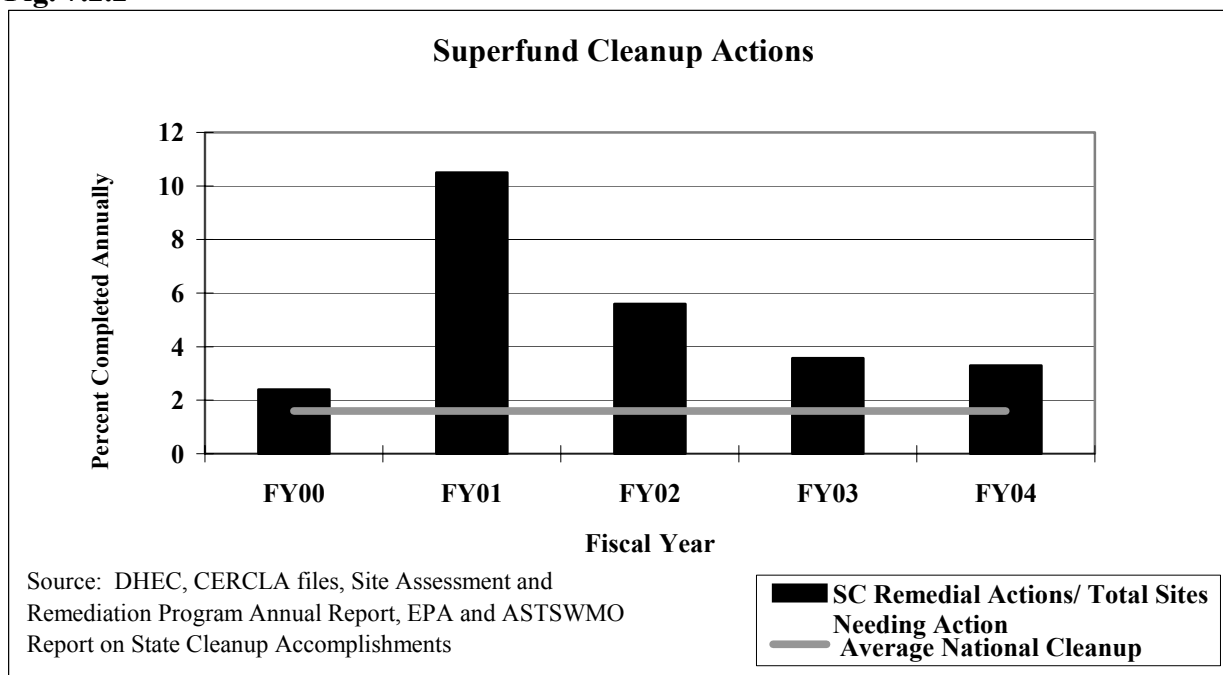
### **III. 7.2 Mission Accomplishment and Organizational Effectiveness Results**

**Fig. 7.2.1**



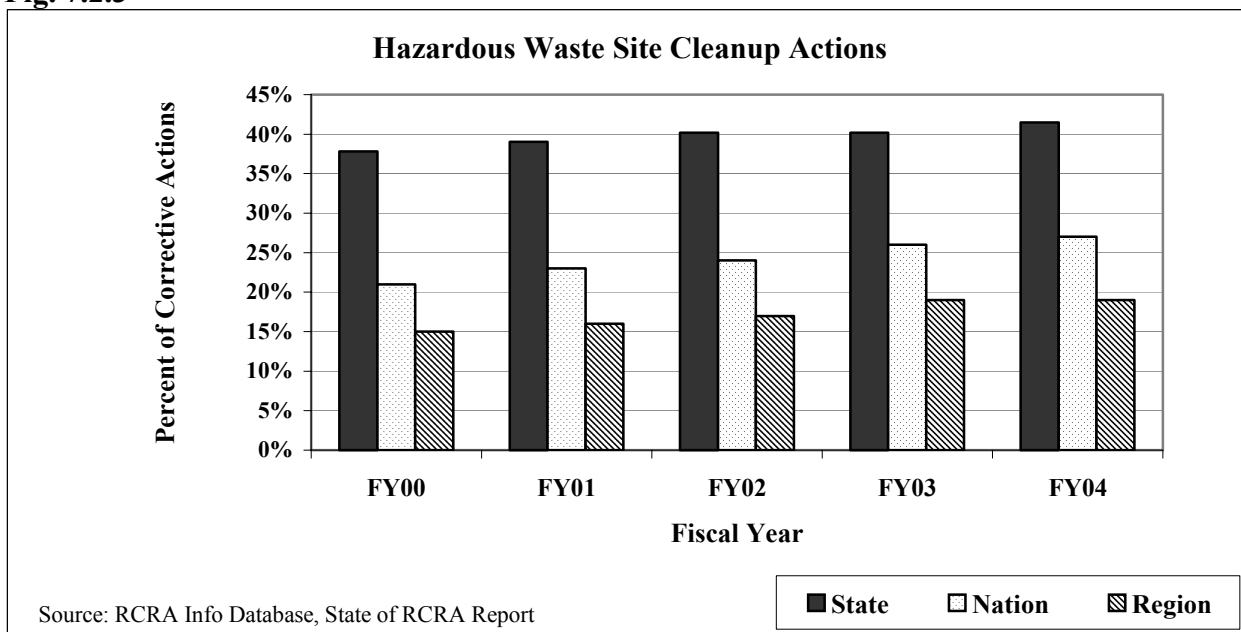
A healthy beach profile is defined as having at least 25 feet of dry sand between the seaward toe of the sand dune and the high-tide wave up-rush line. The percentage of healthy beaches has declined from 82% to 73% over the past four years. Hunting Island State Park received \$5 million in renourishment funds last year, and this year, the state received another \$5 million for the renourishment of Edisto Beach, monitoring efforts and other smaller projects.

**Fig. 7.2.2**



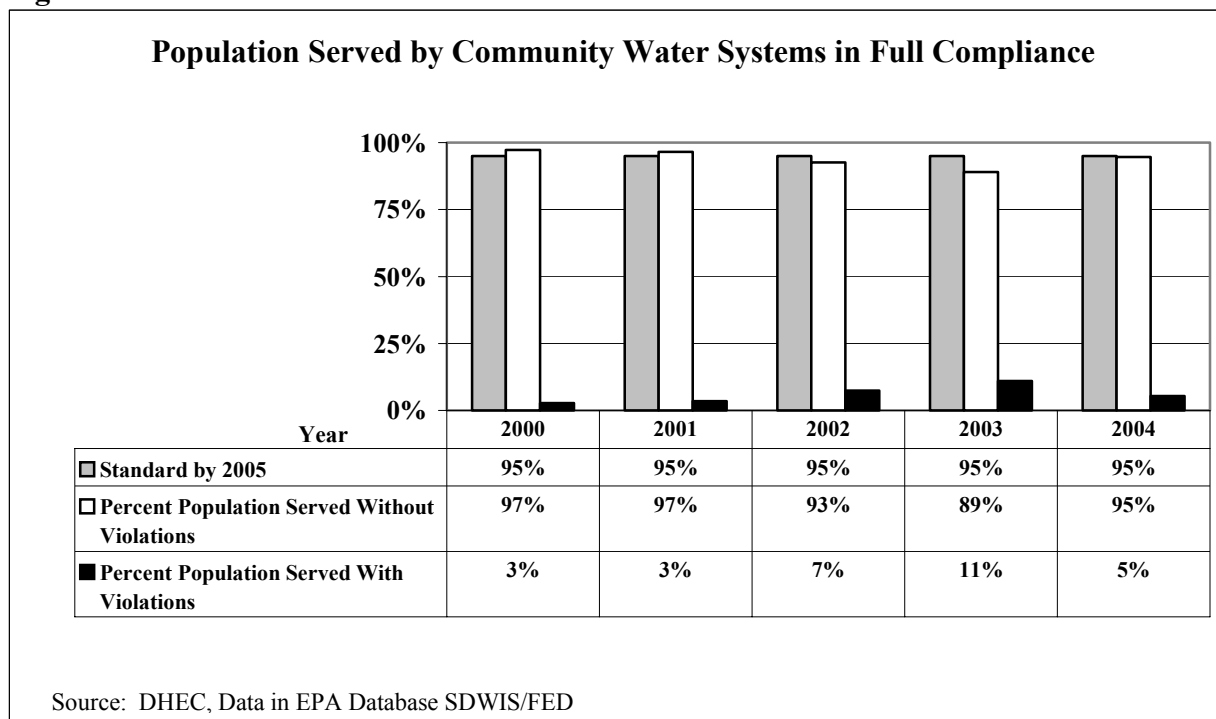
The agency remains committed to aggressively cleaning up uncontrolled hazardous waste sites; however, critical fund balances in the Hazardous Waste Contingency Fund have led to a decline in the number of state-led cleanups. Cleanup actions during FY04 have been accomplished using federal money and funds obtained from other sources.

**Fig. 7.2.3**



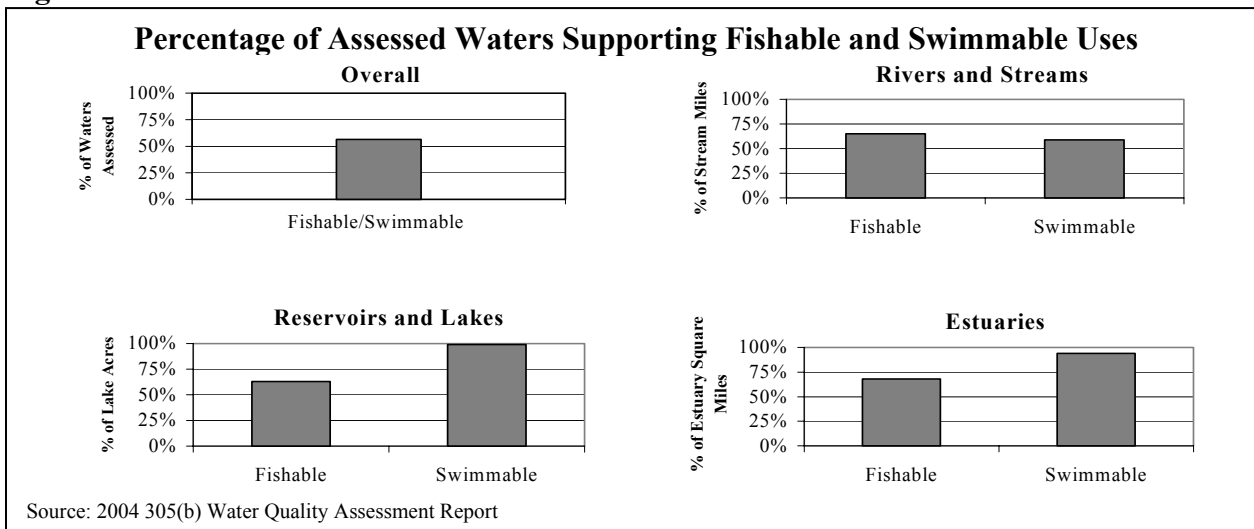
The chart above shows that the average Hazardous Waste cleanup rate in South Carolina consistently exceeds the national and regional rates. The Hazardous Waste program addresses a large number of contaminated sites. Aggressive cleanup of these sites reflects DHEC's commitment to maximize limited resources to reduce threats to human health and the environment.

**Fig. 7.2.4**



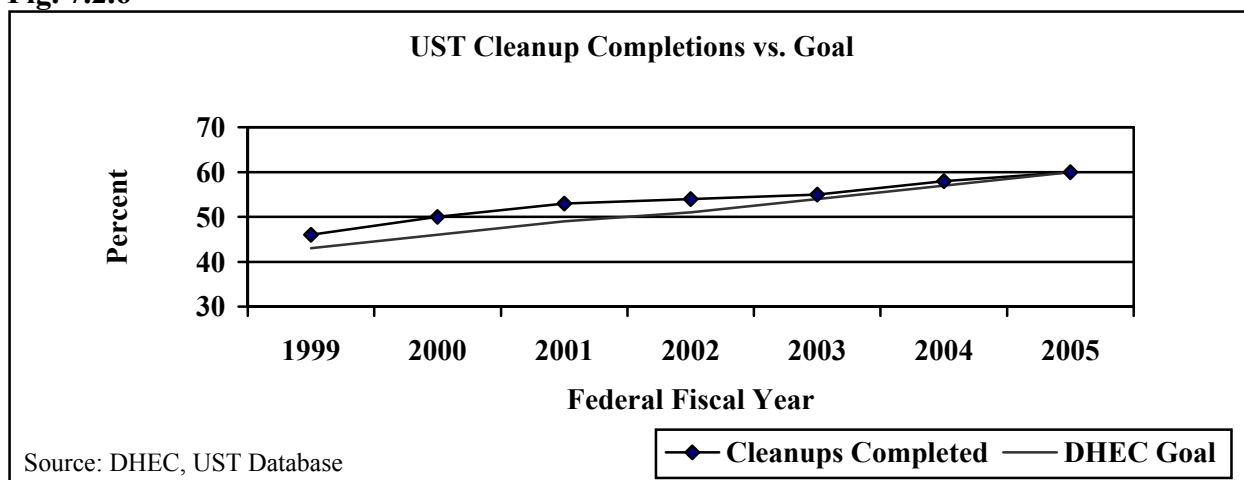
During the 2004 calendar year, 95% of the population received water from systems in compliance with all health based standards.

**Fig. 7.2.5**



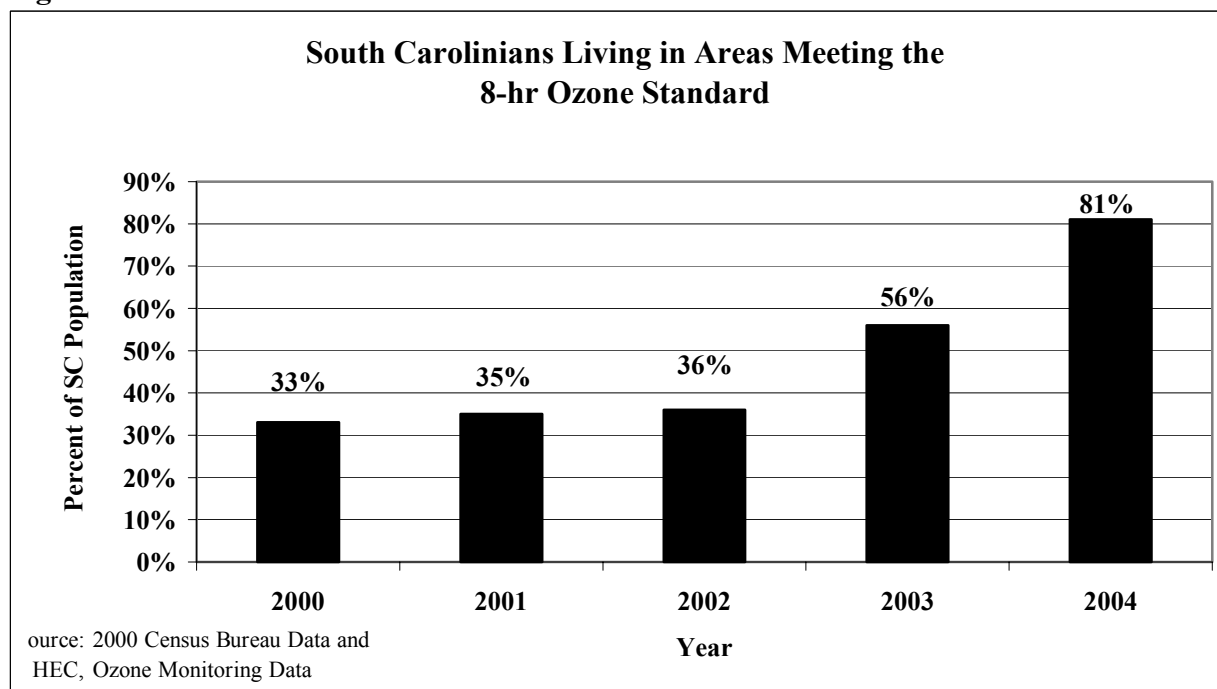
Based on the 2004 305(b) South Carolina Water Quality Assessment Report, almost all lakes and estuaries (salt waters) in South Carolina are safe for swimming. While just over 59% of our streams and rivers are classified as safe for swimming, it is important to note that many streams are inaccessible or too shallow for swimming. Approximately 65% of all waters are deemed fishable. The fishable goal is measured by whether or not the water supports a healthy aquatic community. All waters which do not fully support these uses are slated for watershed restoration to ensure full attainment of this goal.

**Fig. 7.2.6**



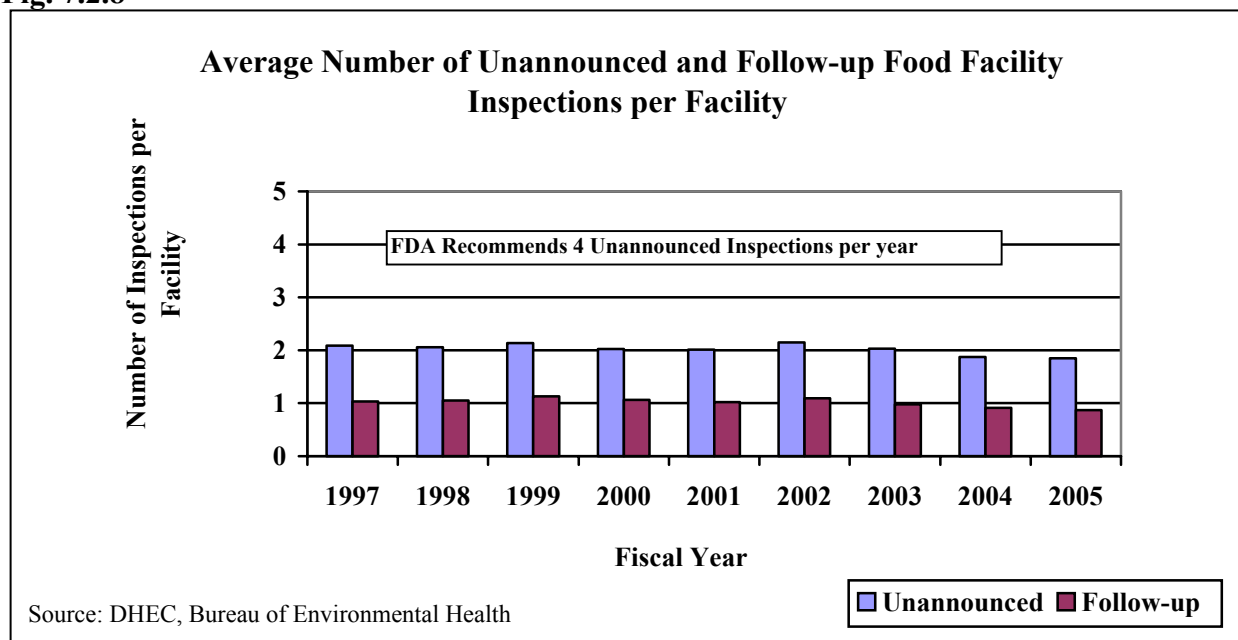
The Underground Storage Tank (UST) Program achieved its 2005 60% closure milestone. Staff excellence in case management, SUPERB fund management and leak prevention activities by staff and the regulated community were and will continue to be core factors for success.

**Fig. 7.2.7**

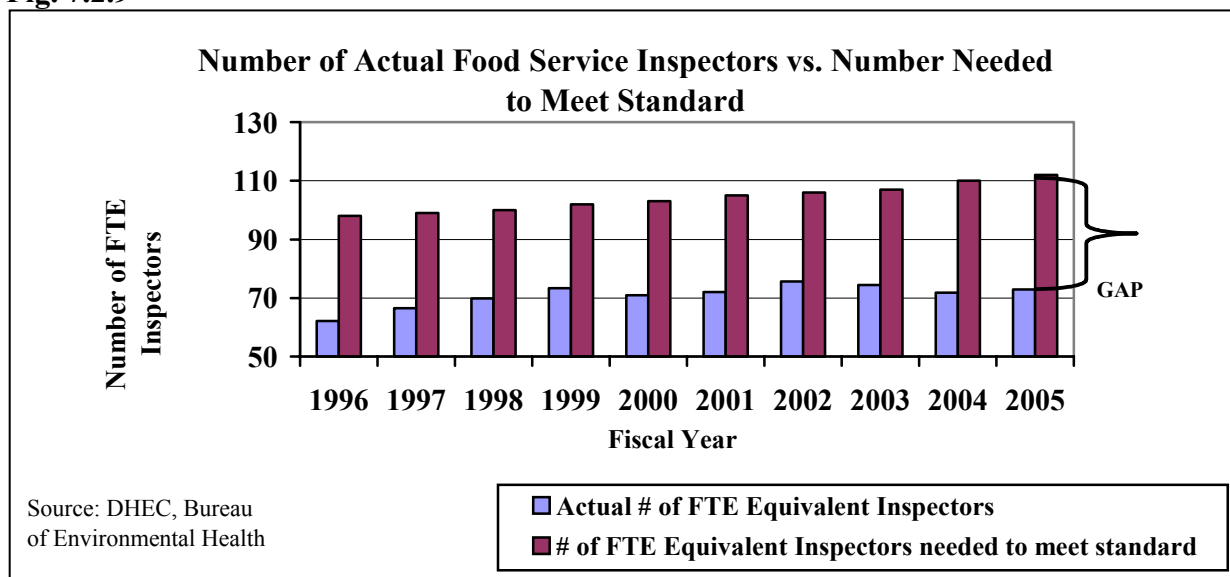


Based on DHEC's monitoring data and 2000 Census Bureau data, the percent of South Carolinians residing in areas meeting the 8-hr Ground Level Ozone Standard has continued to increase during the last five years. Emission reductions from South Carolina's Early Action Compact process, new federal vehicle emission standards and favorable weather patterns have contributed to South Carolina's improvement.

**Fig. 7.2.8**

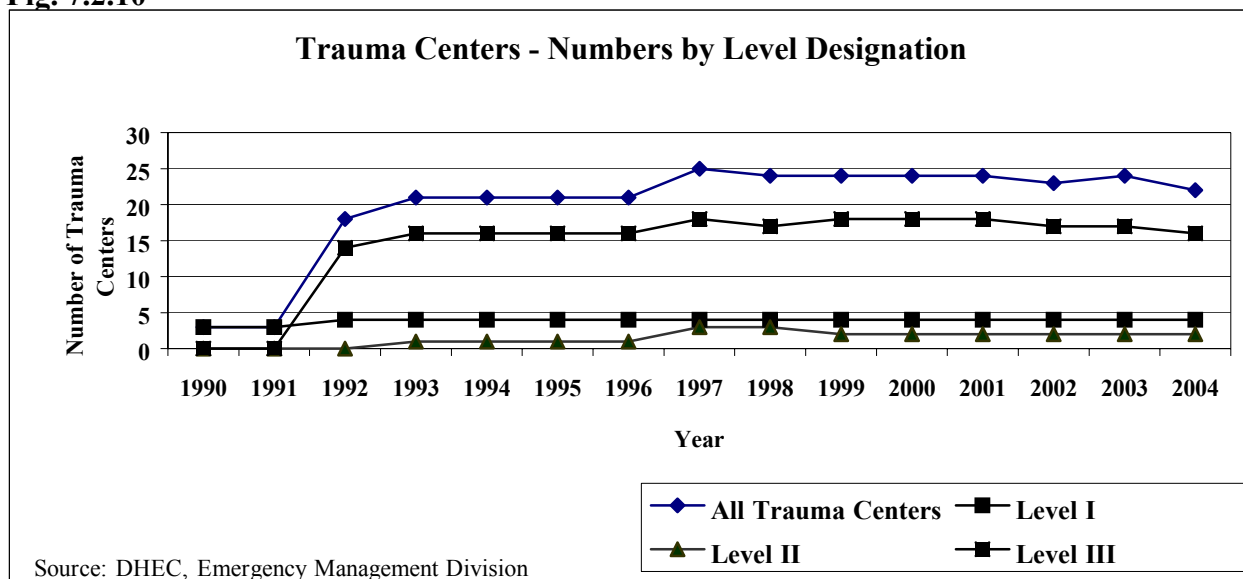


**Fig. 7.2.9**



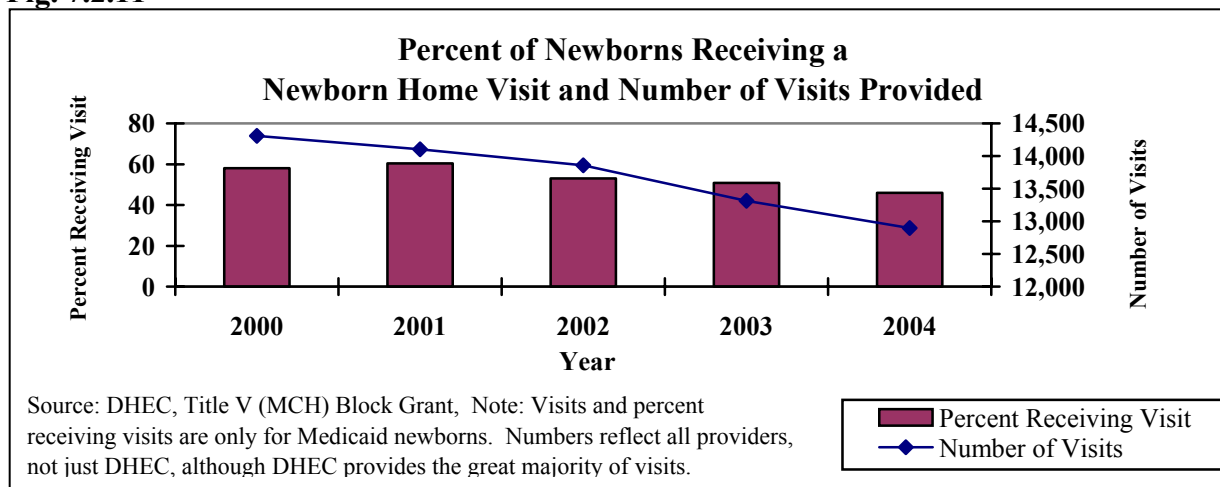
The occurrence of food borne illness is an ever-present threat to South Carolinians. By providing inspections that help operators identify and control food handling risk factors, we can attempt to limit the incidence of outbreaks. The food industry in the state grows about 2% each year, while the number of trained food service inspectors has increased by only 1.5% for the past year. Yearly fluctuations in the number of inspectors are the result of realigning duties of current inspectors, not an increase in the actual number of inspectors. Currently, the Food and Drug Administration (FDA) standards would recommend 112 FTEs (full time equivalents) to inspect the 16,775 retail food establishments in the state. The current staffing level is 73 FTEs. This staffing level does not allow for the number of inspections currently recommended in the FDA Food Program Voluntary Standards.

Fig. 7.2.10



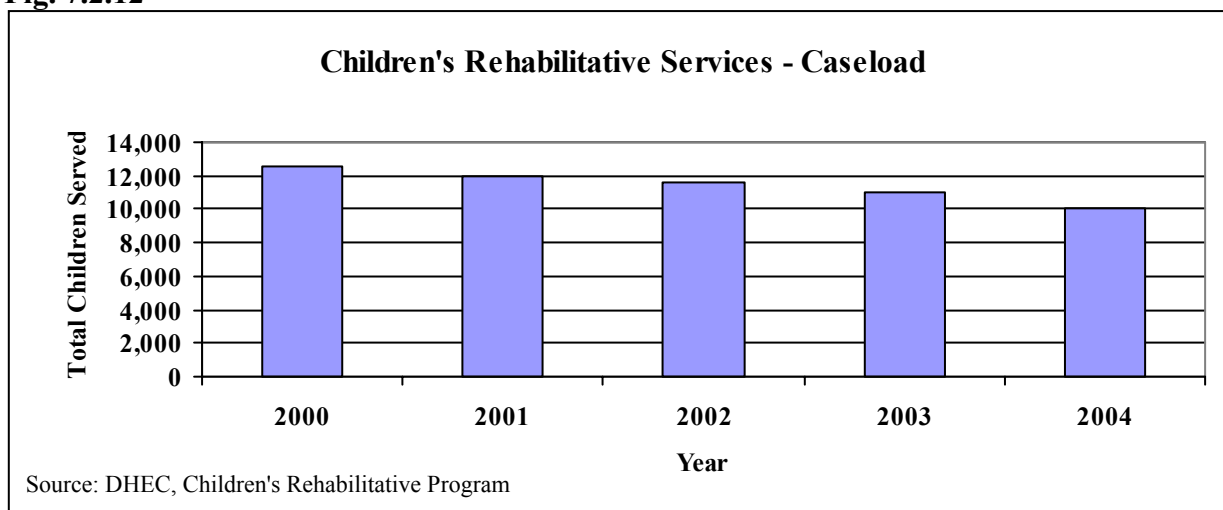
The chart shows the number of designated trauma centers since the voluntary trauma system's inception and the total numbers for all levels of designation, and also for each separate level (Level I, II, and III). The trauma system, which must include an adequate number of medical centers and EMS personnel to serve the growing population of the state, is facing serious problems. The existing trauma centers continue to lose millions of dollars caring for trauma patients and are having difficulty hiring and retaining the necessary medical specialists. The agency is supporting the development of a statewide trauma network with regional planning, enhanced communication and evaluation of the appropriateness of pre-hospital transports of patients within the system.

Fig. 7.2.11



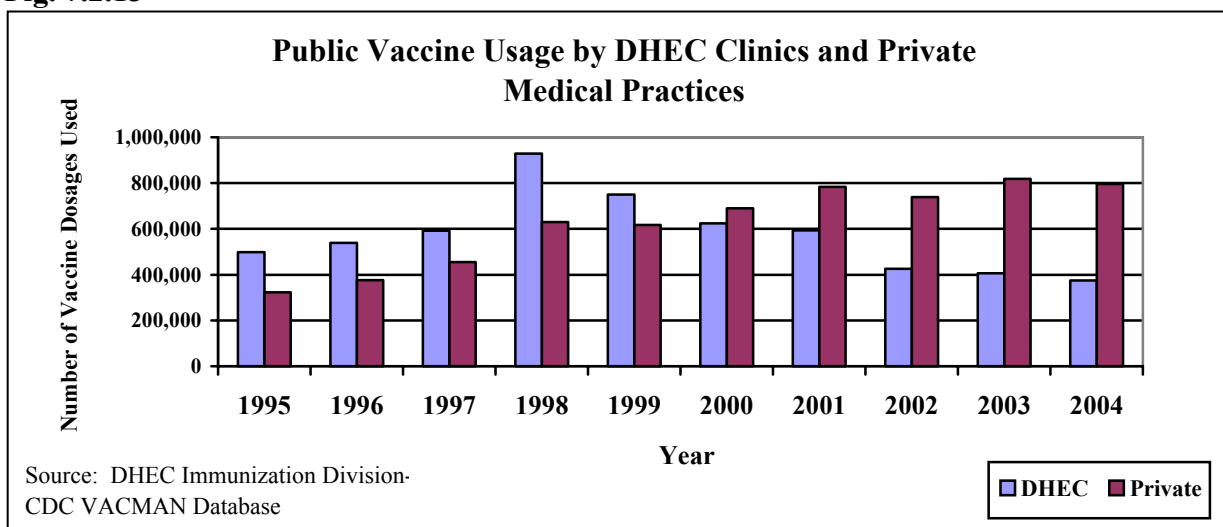
The Healthy People 2010 Goal for the nation is to reduce fetal and infant deaths to 4.5 deaths per 1,000 live births. To address infant mortality in the state, DHEC provides Postpartum Newborn Home Visits (PPNBHVs) to the Medicaid population. Public health nurses conduct these visits, which include various types of assessments, counseling, education and linkages to needed medical services for both the infant and mother. A challenge to providing PPNBHVs is a significant nursing shortage within DHEC. Despite this shortage, DHEC has been able to maintain relatively constant the percent of Medicaid infants receiving a visit.

**Fig. 7.2.12**



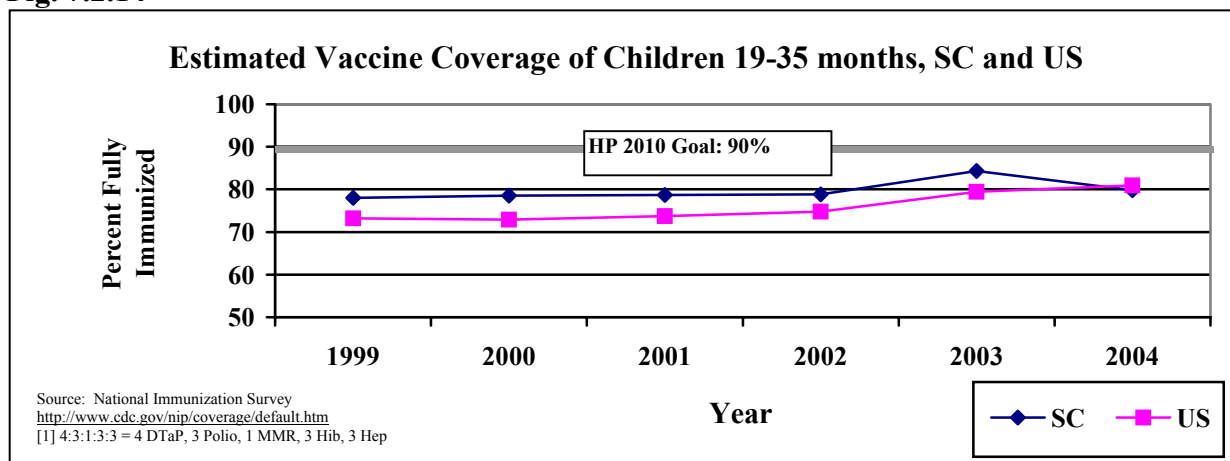
DHEC's Children's Rehabilitative Services (CRS) provides: medical sub-specialty and other health care services; purchase of medical equipment supplies; service coordination to assure early and continuous access to needed services; and hospitalization for some of the state's most vulnerable children. The caseload has been dropping steadily due to fewer staff and increased access to private sector medical and related services.

**Fig. 7.2.13**



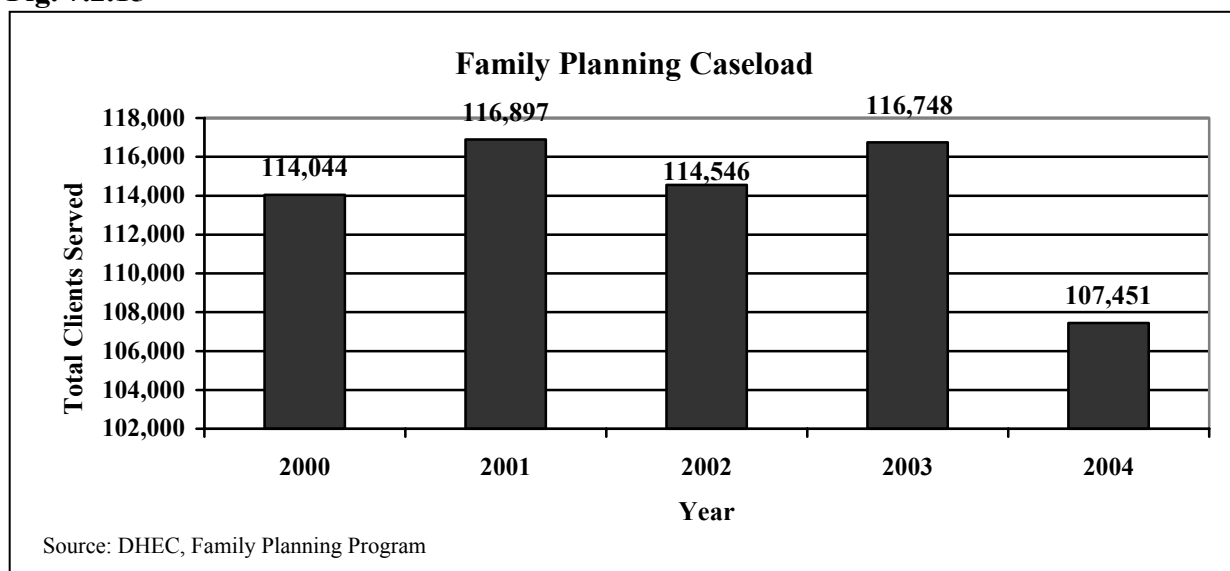
The federal vaccines for children program, known in the state as the Vaccine Assurance For All Children (VAFAC) Immunization Partnership, continues to promote medical homes by making publicly-purchased vaccine available to enrolled practices. Current enrollment in VAFAC is 582 practices. This includes 99% of all pediatric practices in the state; a large portion of family practices; all DHEC county health departments; all community health centers and rural health clinics; most hospitals, colleges and universities. Many studies of the impact of this program throughout the nation continue to show the improved health benefits of promoting immunization in the medical home.

**Fig. 7.2.14**



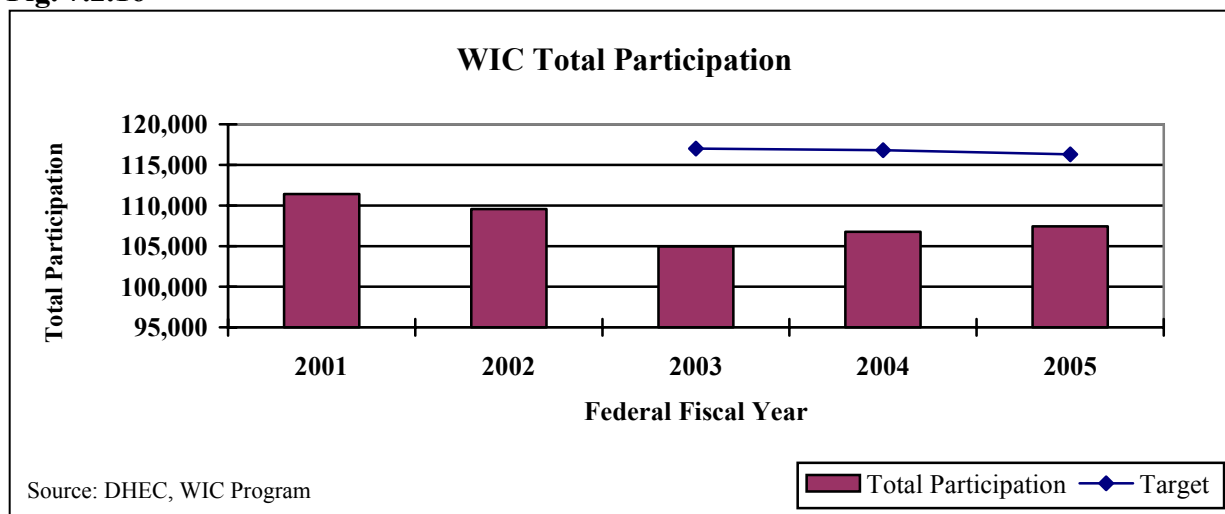
Eighty percent of vaccine doses to protect against 12 vaccine-preventable diseases are needed before a child turns two years of age. Sustaining high levels of immunization coverage is a major challenge for immunization providers given immunization schedule complexity, the addition of new vaccines and the fact that about 55,000 babies are born in the state each year. Despite these challenges, South Carolina consistently ranks in the top tier of states in terms of its immunization coverage of children.

**Fig. 7.2.15**



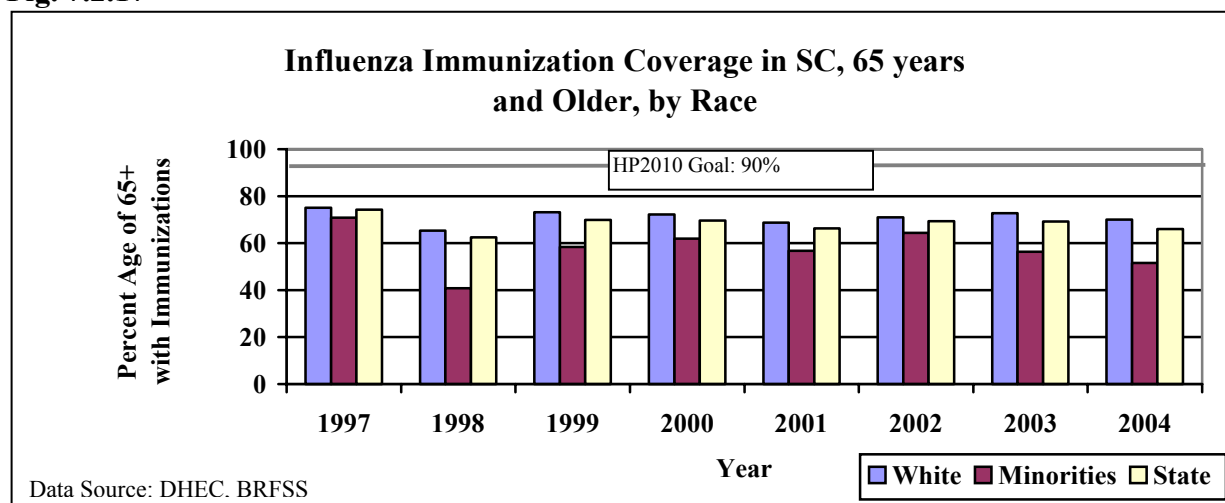
DHEC provides quality clinical and educational family planning services targeting the population in need with priority emphasis on low income, high risk and minority clients. DHEC provides services to about 70% of the Medicaid Waiver customers, and to about 56% of the overall population in need of family planning services (193,010 women of reproductive age). An unknown percent of women in need of family planning services access these services in the private sector. The caseload in FY 2004 dropped significantly primarily due to shortages among nursing staff in DHEC's local public health departments. DHEC has set an immediate target to increase the caseload back to its 2000-2003 levels. DHEC Family Planning efforts directly address major Healthy People 2010 objectives for the nation.

**Fig. 7.2.16**



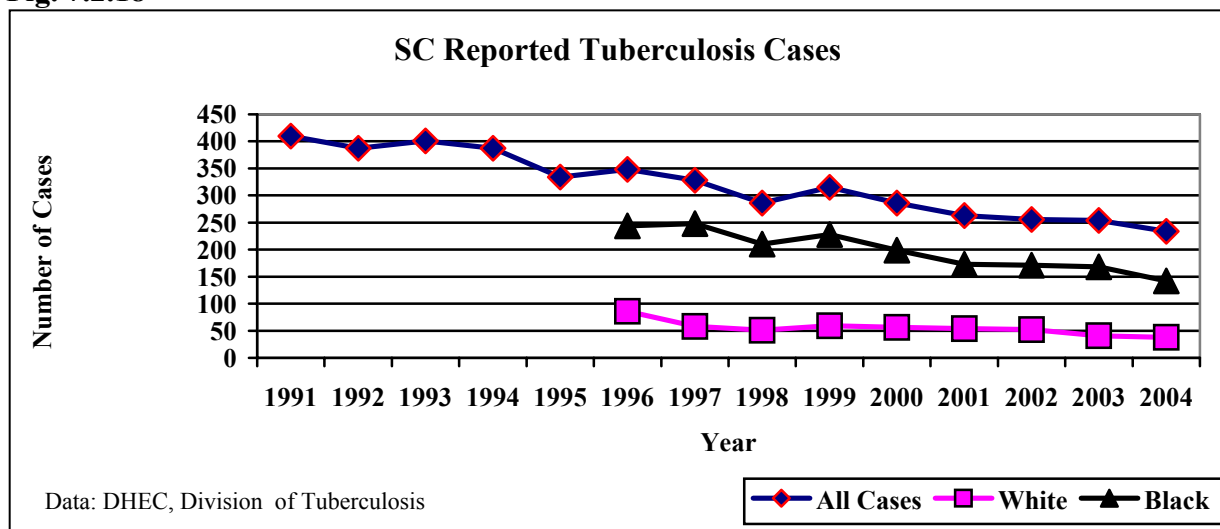
The Women, Infant and Children (WIC) Program is a preventive nutrition education program that provides a prescribed food package for eligible pregnant and breastfeeding women, infants and children to assist in meeting their nutritional requirements during critical periods of growth and development. Priorities of the WIC Program also include reducing obesity and promotion of breastfeeding. Services are provided statewide. After experiencing a downward trend, participation has increased slightly since 2003.

**Fig. 7.2.17**



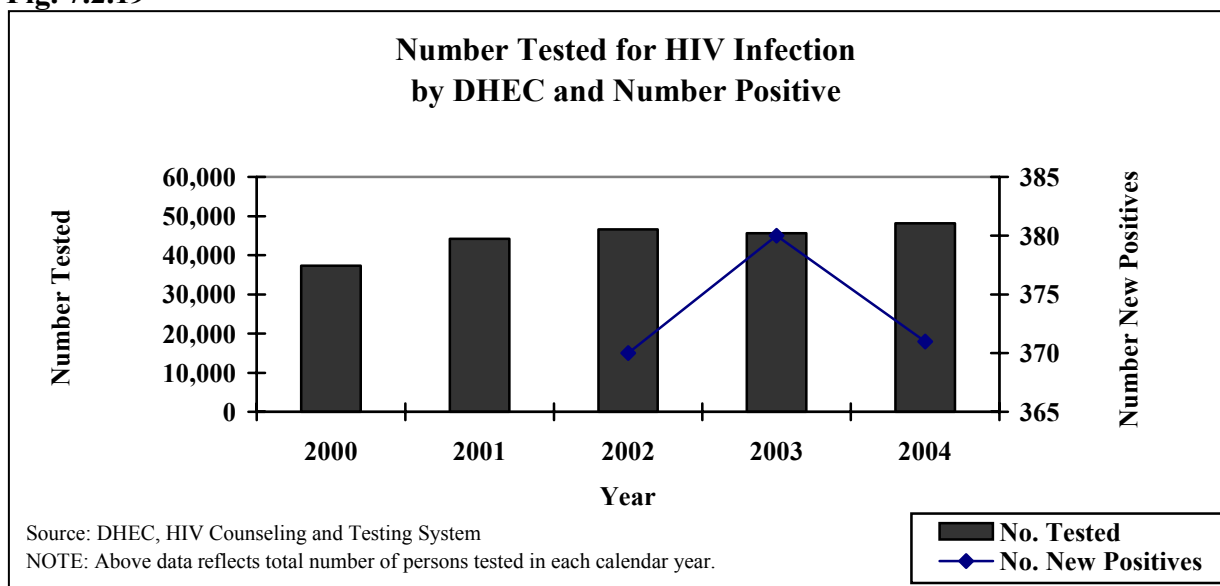
South Carolina continues to maintain influenza coverage for its seniors at a rate similar to the nation, although both are far from the Healthy People 2010 Goal of 90%. The state continues to see substantial disparities in influenza vaccine coverage between whites and non-white populations (36% higher coverage among whites in 2004). Although the vaccine shortage was severe during the 2004-05 season, cooperation and coordination among all in the vaccine delivery system resulted in a greater proportion of persons at high risk receiving the influenza vaccine during the 2004-05 season (78.7%) than during the previous year (64.9%).

**Fig. 7.2.18**



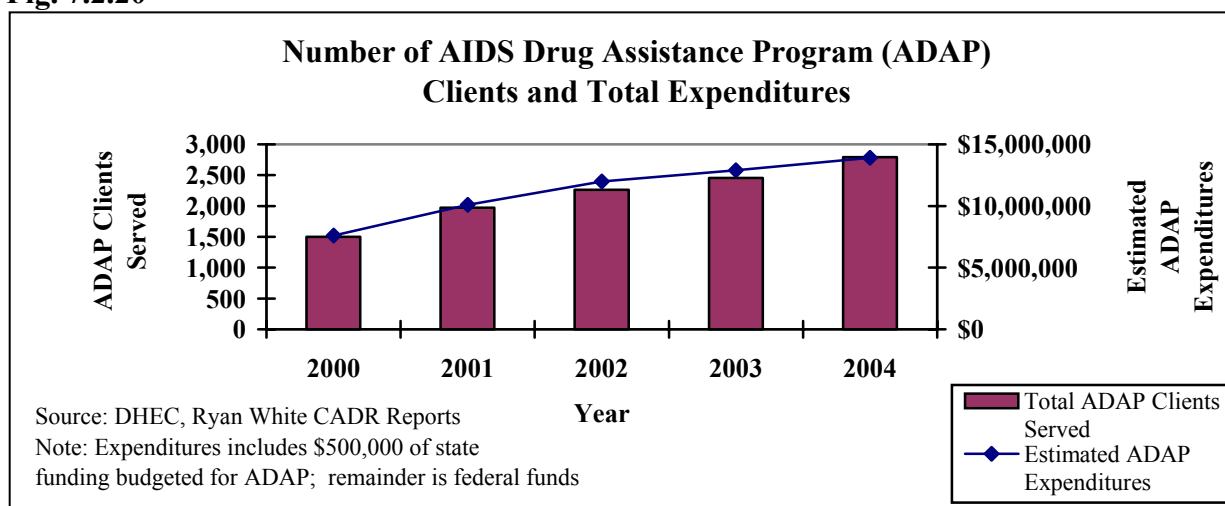
Tuberculosis (TB) continues to be a public health problem that needs continued surveillance, monitoring and sound interventions to control the disease and work toward ultimate eradication. The number of reported cases of tuberculosis in South Carolina has dropped 38% from 1994 through 2004. But, South Carolina continues to rank among the top ten states nationally in the number of new cases per 100,000 population. It is important to note that the first tuberculosis control priority is to treat all persons with TB disease. In spite of the continued high numbers of new cases, South Carolina is consistently at or above the Healthy People 2010 Goal of 90% treatment completion, with 89% successful treatment in 2002 and 94% in 2003.

**Fig. 7.2.19**



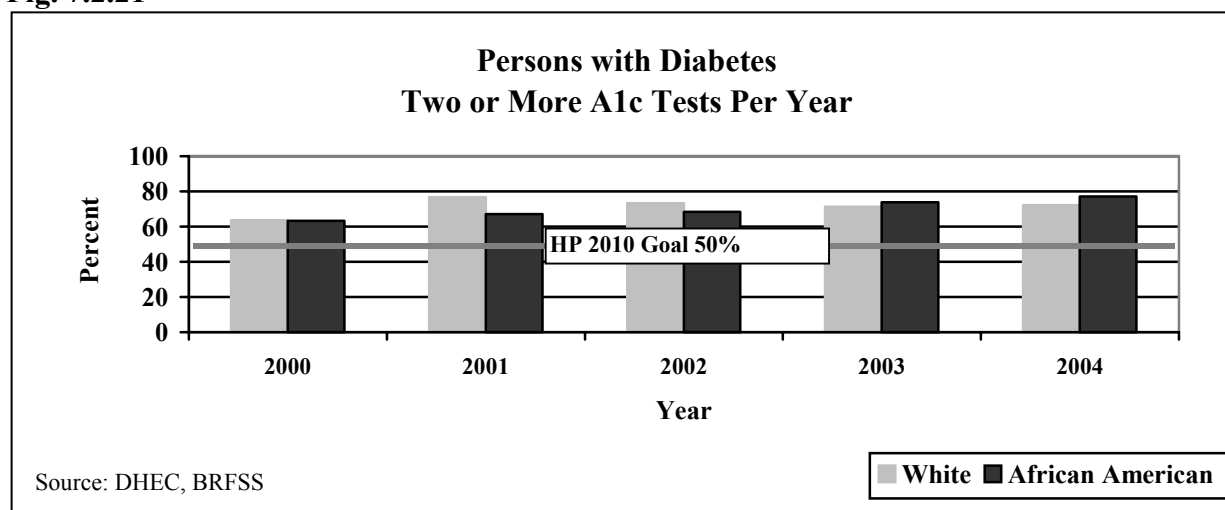
Total HIV/AIDS cases have decreased 11% from 1999 through 2004 (1,001 to 891 cases). Among African Americans there has been a 20% drop during this same time, largely due to intense prevention and care services delivered by community organizations and local health departments. African Americans account for nearly three out of every four persons recently diagnosed. At the end of 2004, 13,748 persons were reported to be living with HIV infection (including AIDS) in the state.

**Fig. 7.2.20**



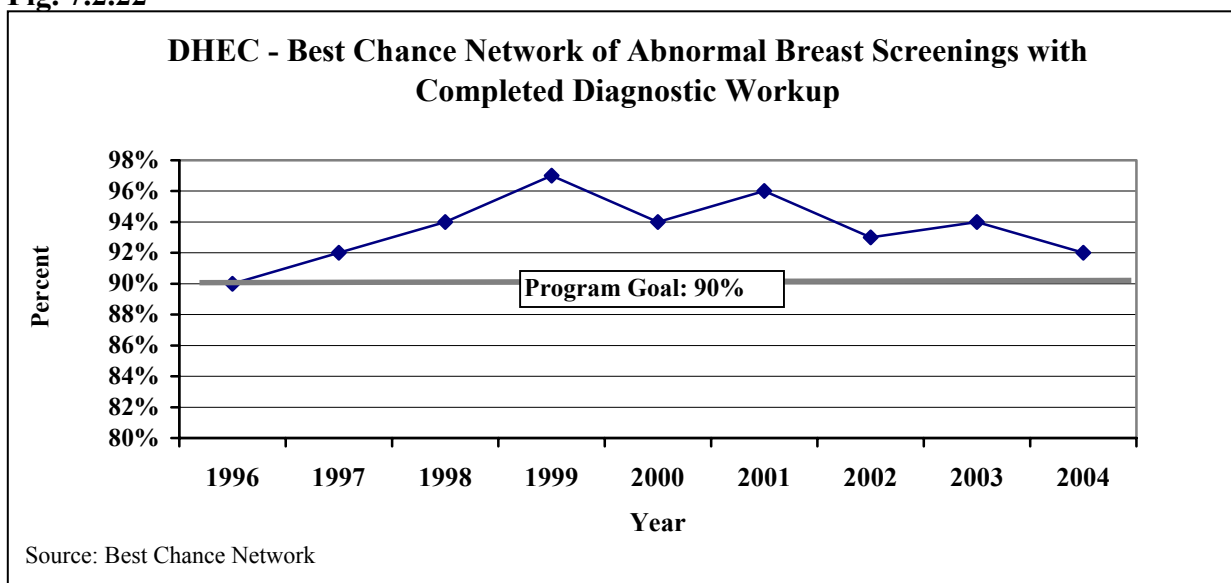
The primary goal of DHEC's AIDS Drug Assistance Program (ADAP) is to ensure equal access for all eligible ADAP applicants to consultations and new HIV/AIDS therapies. The state's ADAP is one of the most efficient programs in the country, leveraging public resources to maximize the use of private funds and reaching more clients and avoiding a wait list. However, the increasing cost of pharmaceuticals and number of persons living with HIV combined with anticipated level or decreased federal funds will result in a potential wait list in the near future. The target is for the proportion of ADAP enrolled clients to reflect the state's HIV/AIDS prevalence for race and sex. The program has been very successful in this regard.

**Fig. 7.2.21**



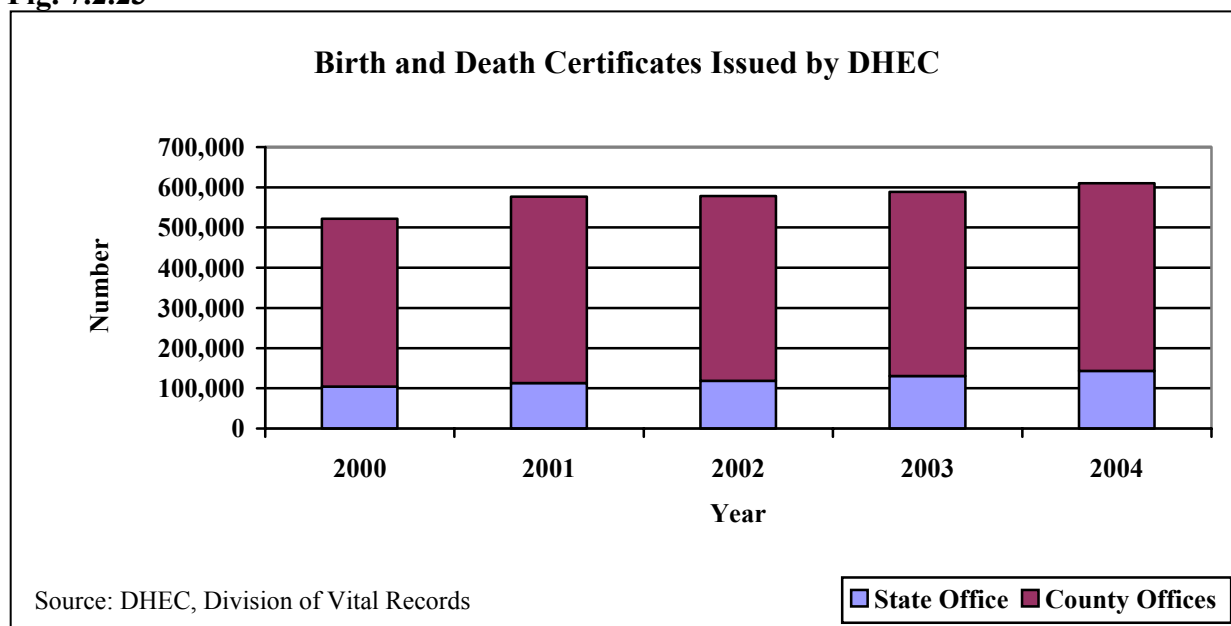
Diabetes is the sixth leading cause of death in both the United States and South Carolina. In 2003, the mortality rate among blacks was 2.8 times higher than among whites in the state. Complications of diabetes may be prevented or delayed through control and management of the disease. One method is to monitor long-term blood glucose control through a test called Hemoglobin A1C (HbA1c). To date, the state has met and surpassed the Healthy People 2010 objective of 50% of diabetics receiving at least one HbA1c test per year (77.1% of African Americans and 72.2% of whites with diabetes have an HbA1c test at least twice a year).

**Fig. 7.2.22**



The Best Chance Network (BCN) provides funds for breast and cervical cancer screening and diagnostic work-up among low-income, uninsured women in South Carolina. In the last year, the BCN program has provided clinical breast exams and mammograms to over 7,400 women. The program's goal is that at least 90% of the abnormal breast screenings will complete diagnostic work-up. Over the past eight years the program has met or exceeded that goal.

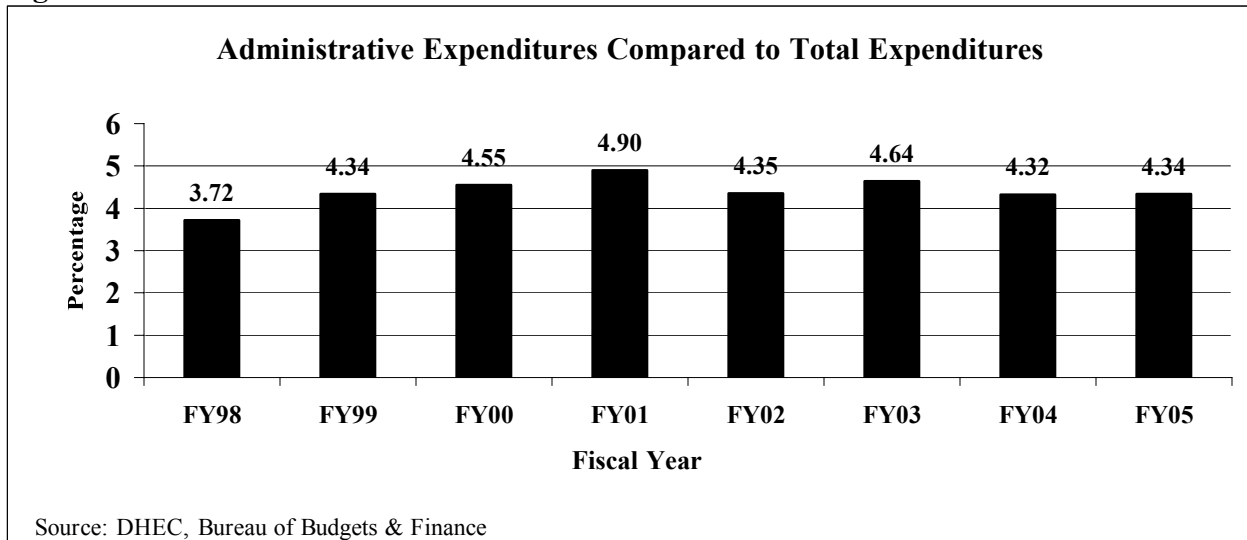
**Fig. 7.2.23**



DHEC is the state's official record keeper for vital information pertaining to births, deaths, marriages and divorces in South Carolina. Each of the 46 counties has a vital records office in the county health department, and together with the state office in Columbia, provides this essential service for all citizens in the state. Mainly because of heightened security concerns after 9/11, requests for vital records increased 23% from 2002 to 2004.

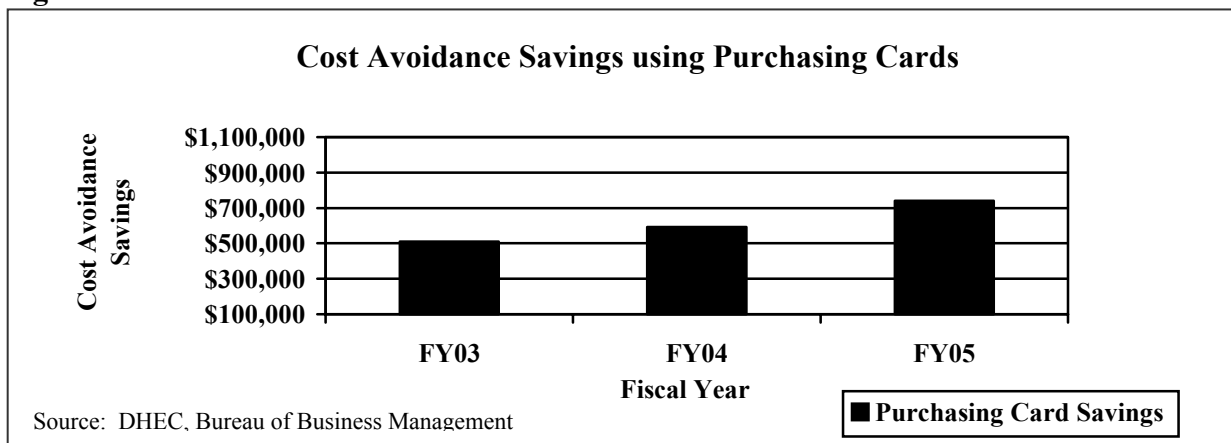
### III. 7.3 Financial Performance Results

Fig. 7.3.1



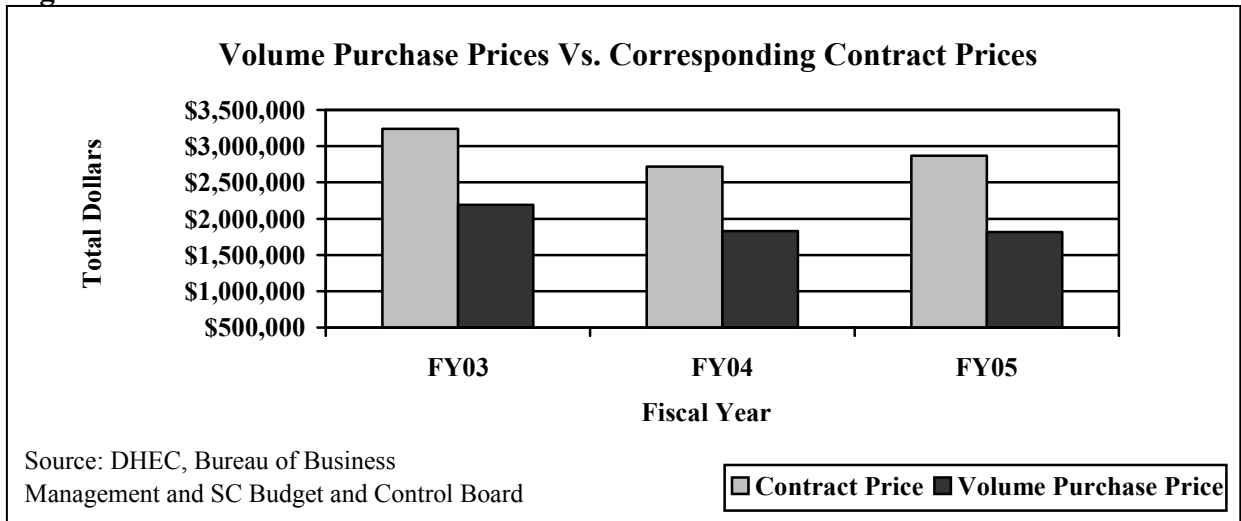
The agency always focuses on reducing and holding down its administration cost. The increase in 2001 was due to the required data center consolidation, which relocated our computer processing to the State Data Center. The slight increase in the rate for FY03 is directly due to the unprecedented budget cuts and the agency's holding down total expenditures. The larger number of vacancies outside of administration allowed the agency to reduce its total expenditures more quickly than in administration. Since these figures are percentages, it is clear that, as the agency's budget has decreased, total administrative expenditures have also decreased accordingly, meaning less money is spent on administration.

Fig. 7.3.2



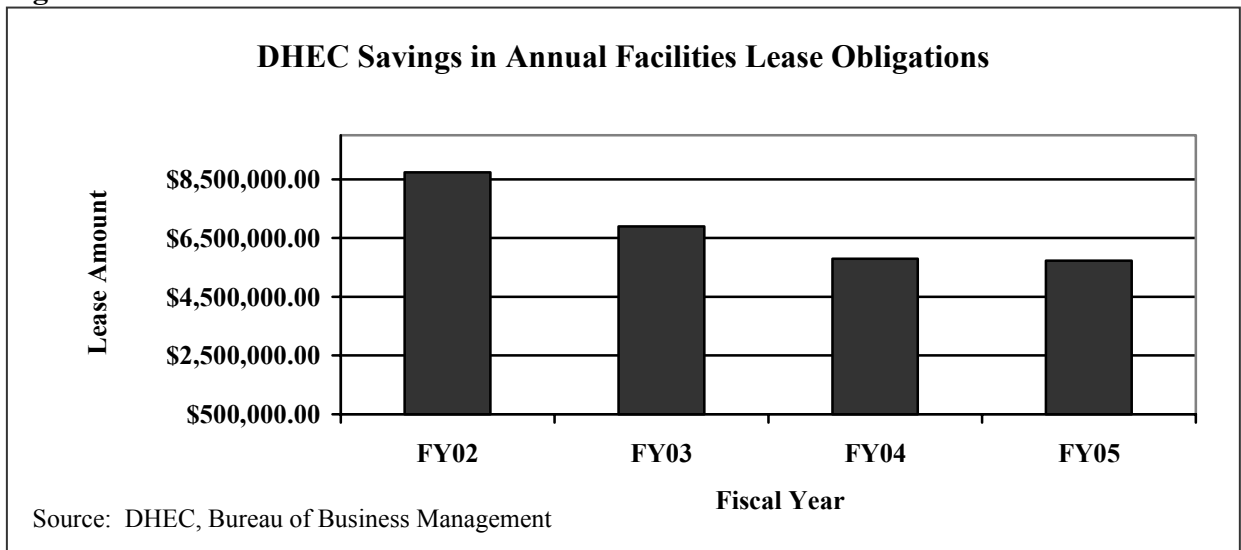
The agency continues to increase the usage of the state purchasing card instead of using purchase orders. This year 12,348 purchases were made with the card totaling \$2,431,429. The average cost to process a purchase order is \$83 and the average processing time is 54 minutes. The average purchasing card transaction cost is \$23 with an average processing time of 14 minutes. By using the purchasing card to acquire goods that would previously have been procured by purchase orders, the agency has realized a cost avoidance savings of \$741,000 this fiscal year.

**Fig. 7.3.3**



The volume purchase of personal computers (PCs) and other information technology products creates financial savings, reduces administrative activities and utilizes procurement planning across program lines. Savings were realized by grouping state contract items into volume purchases of PCs and other contract items. This produced, a combined savings of \$1,051,188 - more than 36% below the Western States Contracting Alliance (WSCA) contract pricing.

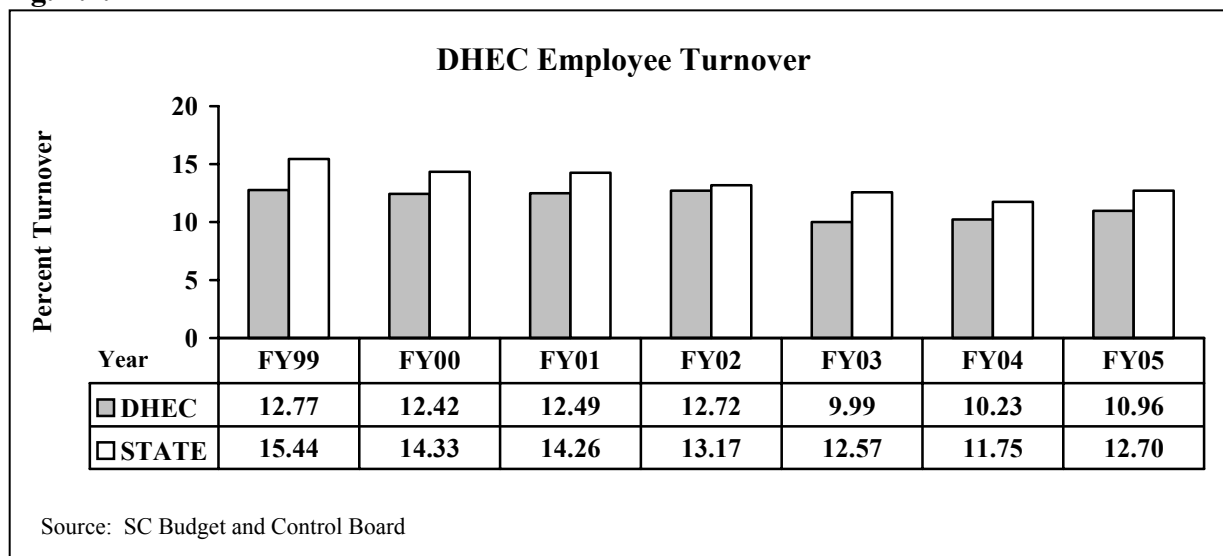
**Fig. 7.3.4**



The agency's annual facilities lease obligation was reduced by \$69,514 during this reporting period from \$5,798,021 to \$5,728,507. These savings were realized through contract negotiations of existing leases, as well as program review that led to consolidation and reduction in the amount of physical space required. While some contractual savings extend through 2009, one contract extends until 2022.

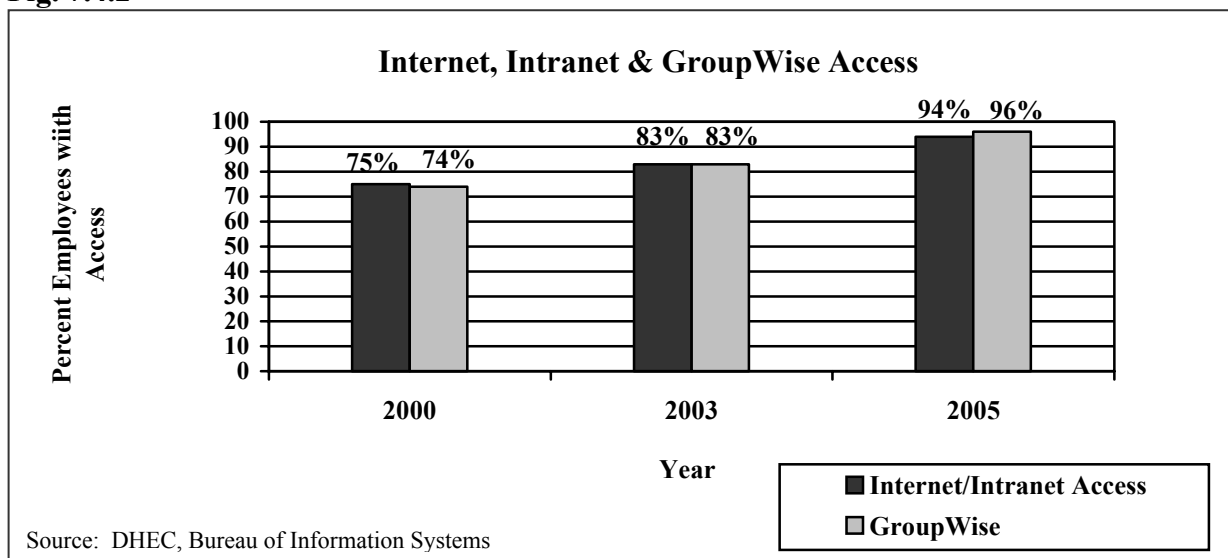
### III. 7.4 Human Resource Results

Fig. 7.4.1



Although employee turnover increased slightly from FY 04, the agency average turnover rate is below the overall state turnover rate, continuing the trend of having a lower rate than the state average. If the 46 employees who participated in the Voluntary Separation Program were not included in the turnover figures, the agency turnover rate would be 9.9%, which would be lower than last year.

Fig. 7.4.2



Access to electronic technology has steadily increased since 2000 when only 74.7% of staff had access to the Internet/Intranet and 73.7% had access to GroupWise, which is our electronic mail system. In fiscal year 2005, 94% of staff had access to the Internet/Intranet and 97% of the staff had access to GroupWise.

### III. 7.5 Regulatory/Legal Compliance and Community Support Results

Fig. 7.5.1

<b>Implementation of Internal Audit Recommendations</b>			
<b>Years</b>	<b>Number of Recommendations</b>	<b>Recommendations Implemented</b>	<b>Recommendations Outstanding</b>
FY2004	103	103	0
FY2005	76	56	20
<b>TOTALS</b>	<b>179</b>	<b>159</b>	<b>20</b>

Over the past two fiscal years, DHEC Internal Audits has made 179 recommendations to improve agency operations, internal controls and procedures. Of those 179 recommendations, 159 have been implemented with 20 outstanding, which will be implemented in this fiscal year. This shows a serious commitment by DHEC managers to make some positive changes in the agency. Internal Audits continues to follow-up on the open recommendations and reports the status to the Audit Committee of the DHEC Board. [Source: DHEC, Office of Internal Audits]

Fig. 7.5.2

<b>Agency Cost Savings Identified by Office of Internal Audits</b>		
<b>Years</b>	<b>Cost Savings Identified</b>	<b>Cost Savings Recouped</b>
FY2004	\$793,841.00	\$779,114.00
FY2005	\$834,881.00	\$543,858.00
<b>TOTALS</b>	<b>\$1,628,722.00</b>	<b>\$1,322,972.00</b>

DHEC's Office of Internal Audits identified cost savings through audits and the agency was able to recoup 98% of these costs savings in FY2004 and 65% in FY2005. [Source: DHEC, Office of Internal Audits]

# **Addendum A**

## **Major Program Areas**

Program Number and Title	Major Program Area Purpose (Brief)	FY 03-04 Budget Expenditures	FY 04-05 Budget Expenditures	Key Cross References for Financial Results*
I. Administration	Provides executive leadership, support, policy development, financial services, facilities management, personnel services. This activity represents the "overhead".	State: 7,058,174.11 Federal: Other: 10,538,211.89 Total: 17,596,386.00 % of Total Budget: 4%	State: 6,852,709.08 Federal: 49,791.70 Other: 12,169,229.95 Total: 19,071,730.73 % of Total Budget: 4%	7.1.1 7.3.3 7.5.2 7.1.2 7.3.4 7.5.3 7.1.3 7.4.1 7.3.1 7.4.2 4% 7.3.2 7.5.1
II. A. 1 Underground Storage Tanks	Ensures a comprehensive approach to management of underground storage tanks through permitting, outreach, compliance and enforcement, assessment and remediation.	State: 1,434,019.32 Federal: Other: 1,067,929.95 Total: 2,501,949.27 % of Total Budget: 1%	State: 1,295,860.70 Federal: 1,196,578.45 Other: 2,492,439.15 Total: 4,984,878.30 % of Total Budget: 1%	7.2.6
III. A.2 Water Quality Improvement	Ensures a comprehensive approach to public drinking water, water quality protection, and recreational waters through permitting, inspections, public education and complaint response.	State: 8,984,949.93 Federal: 6,834,477.96 Other: 8,799,171.21 Total: 24,618,599.10 % of Total Budget: 5%	State: 8,542,290.36 Federal: 6,573,900.88 Other: 10,481,783.73 Total: 25,597,974.97 % of Total Budget: 6%	7.1.4 7.1.5 7.2.4 7.2.5
III. B. 1 Coastal Resource Improvement	Protects, conserves and encourages the beneficial use of the beaches and the coastal zone through planning, partnerships and enforcement of laws and regulations.	State: 828,048.72 Federal: 2,286,960.45 Other: 239,400.01 Total: 3,354,409.18 % of Total Budget: 1%	State: 939,054.16 Federal: 2,587,625.85 Other: 465,470.96 Total: 3,992,150.97 % of Total Budget: 1%	7.2.1
III. B.1.a National Estuary Research Reserve	Protect specific biogeographical regions under a National Program. SC has two such regions ACE (Ashpepo Combahee Edisto) Basin and North Inlet Winyah Bay.	State: 2,095,065.47 Federal: Other: 2,095,065.47 Total: 4,190,130.94 % of Total Budget: 0%	State: 307,896.46 Federal: Other: 307,896.46 Total: 615,792.92 % of Total Budget: 1%	
Below: List any programs not included above and show the remainder of expenditures by source of funds.				

Remainder of Expenditures:	State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:
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\* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

**Major Program Areas**

<b>Program Number and Title</b>	<b>Major Program Area Purpose (Brief)</b>	<b>FY 03-04 Budget Expenditures</b>	<b>FY 04-05 Budget Expenditures</b>	<b>Key Cross References for Financial Results*</b>
II.B.1.b Charleston Harbor S.A.M.P.	Federally funded study of the Charleston Harbor.	State: Federal: Other: Total:  % of Total Budget: 0%	State: Federal: Other: Total:  % of Total Budget: 0%	
II.B.1.c Coastal Zone Education	Provides education concerning SC Coastal Tidelands and Wetlands.	State: Federal: Other: Total:  % of Total Budget: 0%	State: Federal: Other: Total:  % of Total Budget: 0%	
II.C Air Quality Improvement	Ensures that all citizens live in areas where all air standards (National Ambient Air Quality Standards are met and reduces the potential of adverse health effects.	State: Federal: Other: Restricted: Total:  % of Total Budget: 2%	State: Federal: Other: Restricted: Total:  % of Total Budget: 2%	7.1.5 7.2.7
II.D.1 Land Quality Improvement	Maintains registration records, permits, conducts compliance monitoring activities for solid wastes, infectious waste and hazardous waste sites.	State: Federal: Other: Restricted: Total:  % of Total Budget: 3%	State: Federal: Other: Restricted: Total:  % of Total Budget: 4%	7.1.4 7.1.5 7.2.2 7.2.3 7.2.6
II.D.1.a Savannah River Plant	Conducts monitoring activities in the counties surrounding the Department of Energy's Savannah River Site to ensure that the environment has not been adversely impacted.	State: Federal: Other: Total:  % of Total Budget: 0%	State: Federal: Other: Total:  % of Total Budget: 0%	

Below: List any programs not included above and show the remainder of expenditures by source of funds.

<b>Remainder of Expenditures:</b>	State: Federal: Other: Total:  % of Total Budget:	State: Federal: Other: Total:  % of Total Budget:
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**Major Program Areas**

<b>Program Number and Title</b>	<b>Major Program Area Purpose (Brief)</b>	<b>FY 03-04 Budget Expenditures</b>	<b>FY 04-05 Budget Expenditures</b>	<b>Key Cross References for Financial Results*</b>
II.D.1.b Hazardous Waste Contingency Fund	Defrays the costs associated with governmental response actions that provide assessment and cleanup of uncontrolled hazardous waste sites.	State: 99,150.75 Federal: Other: Total: 99,150.75 % of Total Budget: 0%	State: 104,574.92 Federal: Other: Total: 104,574.92 % of Total Budget: 0%	7.2.3
II.E.1 Family Health Infectious Disease Prevention	Ensure that food and beverages served in food service facilities are safe. Tracks and monitors the distribution and causes of disease.	State: 11,489,914.81 Federal: 33,840,400.98 Other: 2,757,455.47 Total: 48,087,771.26 % of Total Budget: 10%	State: 9,216,156.55 Federal: 29,864,687.81 Other: 5,927,371.41 Total: 45,008,215.77 % of Total Budget: 10%	7.2.9 7.2.18 7.2.10 7.2.19 7.2.13 7.2.20 7.2.14 7.2.17
II.E.1.a Palmetto AIDS Life Support	Provides case management, housing assistance, peer counseling, risk reduction education and training, and other support services and referral for persons living with HIV.	State: 18,158.00 Federal: Other: Total: 18,158.00 % of Total Budget: 0%	State: 18,158.00 Federal: Other: Total: 18,158.00 % of Total Budget: 0%	7.2.19 7.2.20
II.E.2 Maternal/Infant Health	Improve the health of all children and families in the state with an emphasis on eliminating health disparities.	State: 2,772,013.14 Federal: 88,199,403.91 Other: 15,133,196.07 Total: 106,104,613.12 % of Total Budget: 21%	State: 2,943,180.33 Federal: 102,615,787.46 Other: 15,368,887.85 Total: 120,927,855.64 % of Total Budget: 27%	7.2.11 7.2.15 7.2.16
II.E.2.e Kids Count	Contract for the SC Campaign to Prevent Teen Pregnancy. These funds were awarded to the Agency by the General Assembly.	State: 42,058.00 Federal: Other: Total: 42,058.00 % of Total Budget: 0%	State: 42,058.00 Federal: Other: Total: 42,058.00 % of Total Budget: 0%	
Below: List any programs not included above and show the remainder of expenditures by source of funds.				

<b>Remainder of Expenditures:</b>	State: Federal: Other: Total: % of Total Budget:
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\* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

**Major Program Areas**

<b>Program Number and Title</b>	<b>Major Program Area Purpose (Brief)</b>	<b>FY 03-04 Budget Expenditures</b>	<b>FY 04-05 Budget Expenditures</b>	<b>Key Cross References for Financial Results*</b>
II.E.2.b. Maternal & Infant Health - Newborn Screening	Provides mandated universal newborn hearing screening, prior to hospital discharge, to be conducted in hospitals with at least 100 births annually.	State: 743,230.11 Federal: Other: Restricted: Total: 743,230.11 % of Total Budget: 0%	State: 751,466.25 Federal: Other: Restricted: Total: 751,466.25 % of Total Budget: 0%	
II.E.3 Chronic Disease Prevention	Promotes lifelong healthy eating and physical activity choices through comprehensive education and securing policy and environment changes that support sustainable changes.	State: 1,499,747.41 Federal: 3,787,723.20 Other: 23,652.67 Total: 5,311,123.28 % of Total Budget: 1%	State: 1,423,654.93 Federal: 4,537,366.65 Other: 41,300.33 Total: 6,002,321.91 % of Total Budget: 1%	7.2.21 7.2.22
II.E.3.a Youth Smoking	The development of and participation in a youth movement against tobacco, modeled on successful programs in other states, is a primary activity of the Division of Tobacco Prevention and Control.	State: 637,464.83 Federal: 435,488.61 Other: Restricted: 12,680.22 Total: 1,085,633.66 % of Total Budget: 0%	State: 9,938.26 Federal: 2,518.41 Other: Restricted: Total: 12,456.67 % of Total Budget: 0%	
II.E.4. Assuring Public Health Services	Provide the basic infrastructure funding for the operation of local county health departments. These resources support all public health programs.	State: 35,273,947.78 Federal: 23,166,150.68 Other: 16,707,405.57 Total: 75,147,504.03 % of Total Budget: 15%	State: 33,834,420.06 Federal: 28,567,088.78 Other: 18,828,374.54 Total: 81,229,883.38 % of Total Budget: 18%	7.2.11 7.2.16 7.2.22 7.2.12 7.2.17 7.2.23 7.2.13 7.2.18 7.2.14 7.2.20 7.2.15 7.2.21
II.E.4.a Family Health Centers	Provides funding to health centers and projects throughout the state.	State: 436,586.53 Federal: Other: Total: 436,586.53 % of Total Budget: 0%	State: 353,310.81 Federal: Other: Total: 353,310.81 % of Total Budget: 0%	

Below: List any programs not included above and show the remainder of expenditures by source of funds.

<b>Remainder of Expenditures:</b>	<b>State:</b> <b>Federal:</b> <b>Other:</b> <b>Total:</b> <b>% of Total Budget:</b>	<b>State:</b> <b>Federal:</b> <b>Other:</b> <b>Total:</b> <b>% of Total Budget:</b>
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\* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

**Major Program Areas**

<b>Program Number and Title</b>	<b>Major Program Area Purpose (Brief)</b>	<b>FY 03-04 Budget Expenditures</b>	<b>FY 04-05 Budget Expenditures</b>	<b>Key Cross References for Financial Results*</b>
II.E. 4 c Biotechnology Center	These funds were awarded to the Agency by the General Assembly for the SC Biotechnology Incubator operating funds.	State: 547,620.00 Federal: Other: Total: 547,620.00 % of Total Budget: 0%	State: 547,620.00 Federal: Other: Total: 547,620.00 % of Total Budget: 0%	
II.E.5 Drug Control	Regulates and enforces the laws that govern pharmacies and the dispensing of controlled substances.	State: Federal: 1,186,013.80 Other: 1,186,013.80 Total: 2,372,027.60 % of Total Budget: 0%	State: Federal: 1,120,241.01 Other: 1,120,241.01 Total: 2,240,482.02 % of Total Budget: 0%	
II.E.6 Rape Violence Prevention	Provides technical support to DHEC state and local staff and contracts with the 16 rape crisis centers throughout the state in service delivery and prevention activities.	State: 849,993.95 Federal: 647,230.22 Other: Total: 1,497,224.17 % of Total Budget: 0%	State: 862,722.84 Federal: 632,438.12 Other: Total: 1,495,160.96 % of Total Budget: 0%	
II.E.7 Independent Living	Provides many in-home services such as skilled nurses;provides services to special needs clients to live more independent lives: provides screening, testing, education counseling & managed care.	State: 8,149,760.98 Federal: 7,196,860.08 Other: 23,597,398.93 Restricted: 316.64 Total: 38,944,336.63 % of Total Budget: 8%	State: 6,773,422.43 Federal: 7,683,346.42 Other: 24,352,806.10 Restricted: Total: 38,809,574.95 % of Total Budget: 9%	7.2.12
II.E.7.a Camp Burnt Gin	Provides the only opportunity for children with complex medical needs to experience a summer camp environment.	State: 178,892.21 Federal: Other: Total: 178,892.21 % of Total Budget: 0%	State: 179,597.13 Federal: Other: Total: 179,597.13 % of Total Budget: 0%	
Below: List any programs not included above and show the remainder of expenditures by source of funds.				

<b>Remainder of Expenditures:</b>	<b>State:</b> <b>Federal:</b> <b>Other:</b> <b>Total:</b> <b>% of Total Budget:</b>	<b>State:</b> <b>Federal:</b> <b>Other:</b> <b>Total:</b> <b>% of Total Budget:</b>
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**Major Program Areas**

<b>Program Number and Title</b>	<b>Major Program Area Purpose (Brief)</b>	<b>FY 03-04 Budget Expenditures</b>	<b>FY 03-04 Budget Expenditures</b>	<b>Key Cross References for Financial Results*</b>
II. F. 1 Health Care Standards- Radiolocal Health	Registers, licenses, and inspects sources of radiation, including radioactive materials, x-ray machines, C/T scanners, mammography units and baggages/security units.	State: 795,837.83 Federal: 111,364.50 Other: 199,558.89 Total: 1,106,761.22 % of Total Budget: 0%	State: 728,215.40 Federal: 118,923.11 Other: 345,543.65 Total: 1,192,682.16 % of Total Budget: 0%	
II. F. 2 Health Care Standards-Health Facilities & Services Development	Promotes cost containment, prevents unnecessary duplication of health care facilities and services, guides the establishment of health facilities and services that best serve the public need.	State: 681,717.43 Federal: 54,868.16 Other: 736,585.59 Total: 1,473,171.18 % of Total Budget: 0%	State: 698,408.18 Federal: 290,000.00 Other: 117,859.18 Total: 1,106,267.36 % of Total Budget: 0%	
II. F. 3 Health Care Standards-Health Facilities Licensing	Ensures individuals receiving services are from health care activities licensed by DHEC are provided appropriate care and services in a manner and environment that promotes their health, safety and well being.	State: 1,224,073.00 Federal: 496,879.68 Other: 1,720,952.68 Total: 3,441,905.36 % of Total Budget: 0%	State: 1,235,197.05 Federal: 485,063.36 Other: 1,720,260.41 Total: 3,440,520.82 % of Total Budget: 0%	
II. F. 4 Health Care Standards- Certification	Ensures all residents, patients, and clients of health care providers who receive Medicare or Medicaid payments are afforded the quality of care which will attain the highest practicable level of well being.	State: 2,953,670.54 Federal: 134,352.10 Other: 3,088,022.64 Total: 6,176,045.28 % of Total Budget: 1%	State: 3,054,300.91 Federal: 2,605.98 Other: 3,056,906.89 Total: 6,113,813.78 % of Total Budget: 1%	
II. F. 5 Health Care Standards- Emergency Medical Services	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services, certification of medical technicians.	State: 1,845,180.23 Federal: 356,497.72 Other: 34,439.97 Total: 2,236,117.92 % of Total Budget: 0%	State: 1,868,074.24 Federal: 832,334.22 Other: 36,857.18 Total: 2,737,265.64 % of Total Budget: 1%	7.2.8
Below: List any programs not included above and show the remainder of expenditures by source of funds.				

<b>Remainder of Expenditures:</b>	<b>State:</b> <b>Federal:</b> <b>Other:</b> <b>Total:</b> <b>% of Total Budget:</b>	<b>State:</b> <b>Federal:</b> <b>Other:</b> <b>Total:</b> <b>% of Total Budget:</b>
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\* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

## Major Program Areas

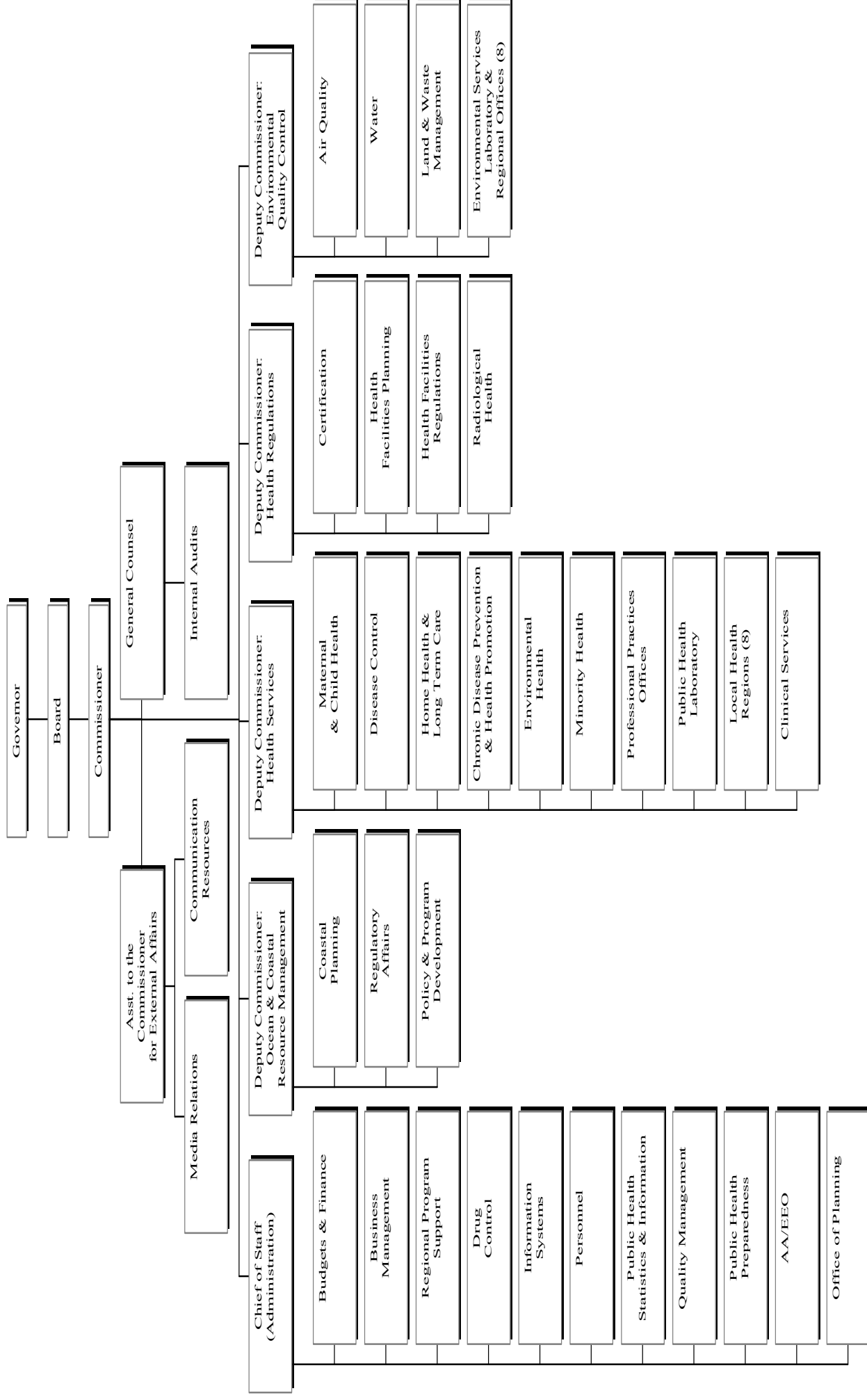
### Addendum A

Program Number and Title	Major Program Area Purpose (Brief)	FY 03-04 Budget Expenditures	FY 04-05 Budget Expenditures	Key Cross References for Financial Results*
II. G. 1 Health Surveillance Support Services- Health Laboratory	Assures that integrated, accurate and cost effective laboratory testing is available to support public health.	State: 517,479.25 Federal: 1,558,850.96 Other: 3,153,108.07 Total: 5,229,438.28 % of Total Budget: 1%	State: 2,878,121.32 Federal: 2,446,074.26 Other: 4,830,521.84 Total: 10,154,717.42 % of Total Budget: 2%	
II. G. 2 Health Surveillance Support Services - Vital Records	Provides for the registration ,correction and certification of all vital events (births, deaths, marriages, and divorces).	State: 183,796.25 Federal: 1,058,935.50 Other: 3,123,886.04 Total: 4,366,617.79 % of Total Budget: 1%	State: 203,340.16 Federal: 1,154,639.78 Other: 3,328,389.23 Total: 4,686,369.17 % of Total Budget: 1%	
VIII. Employee Benefits - State Employer Contributions	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance.	State: 16,958,879.12 Federal: 14,832,544.56 Other: 16,767,578.31 Restricted: 650,651.72 Total: 49,209,653.71 % of Total Budget: 10%	State: 16,833,687.70 Federal: 15,618,550.03 Other: 17,590,077.47 Restricted: 673,789.27 Total: 50,716,104.47 % of Total Budget: 11%	
		State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:	
		State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:	
<b>Below: List any programs not included above and show the remainder of expenditures by source of funds.</b>  Water Quality Improvement-Capital Reserve, Water Quality Improvemet, Hazardous Waste Subsidy, Emergency Medical Equipment, Capital Projects, Littlefield Case				

<b>Remainder of Expenditures:</b>	State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:

\* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

**South Carolina Department of Health and Environmental Control  
Organization Chart**



<b>Strategic Planning</b>			
<b>Program Number and Title</b>	<b>Supported Agency Strategic Planning Goal/Objective Based on Strategic Plan 2005-2010</b>	<b>Related FY 04-05 Key Agency Action Plan/Initiative(s) Based on Strategic Plan 2000-2005</b>	<b>Key Cross References for Performance Measures*</b>
I. Administration	Improve organizational capacity and quality.	Results include executive leadership of the department; maintenance and monitoring of the agency strategic plan and alignment tools; agency and media communications; and administration of the agency as it relates to the agency's strategic plan and mission. Management and employee training needs identified and provided; Analysis of administrative expenditures to ensure effective and efficient business practices; Internal and external customer satisfaction surveys conducted; Information technology systems infrastructure expansion to support agency's strategic plan.	7.1.1 7.1.2 7.1.3 7.3.1 7.3.2 7.3.3 7.3.4 7.4.1 7.4.2 7.5.1 7.5.2 7.5.3
II. A. 1. Underground Storage Tanks	Protect, enhance and sustain environmental and coastal resources.	Identify and eliminate petroleum Brownfields Reduce the operating petroleum underground storage tank leak rate from .74% in 2000 by 25% to .56% in 2005. By 2005, 60% of all underground storage tank leaks will be cleaned up. Track and report the number of actions taken to remediate contaminated land.	7.2.6
II. A. 2. Water Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increase support to and involvement by communities in developing healthy and environmentally sound communities.	By 2005, Increase to 95% the population served by community water systems providing drinking water that meets all current health based standards. Ensure a safe supply of drinking water for citizens not on public supplies. Reduce the rates of significant noncompliance of public drinking water systems. Develop and implement a strategy to assist public utility systems in acquiring and managing technical, managerial and financial capacity. By 2005, see 25% increase in use of land application by major National Pollutant Discharge Elimination System permittees. By 2005, antidegradation policies will be fully implemented. By 2005, water quality monitoring is sufficient to assess all major aquifers of the state and 100% of surface waters; By 2005, increase to at least 80% the surface waters that are fishable/swimable and to 85% the available coastal shellfish waters that are approved for harvesting. Annually improve the percentage of permitted facilities in compliance.	7.1.4 7.1.5 7.2.4 7.2.5

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II.B.1 Coastal Resource Improvement	Protect, enhance and sustain environmental and coastal resources.	Percentage of health beaches (dry sandy beaches for recreation and storm surge protection); miles of beaches renourished; acres of wetlands protected; progressive local ordinance; sustained growth.	7.2.1	
II.B.1.a National Estuary Reserve Research	Protect, enhance and sustain environmental and coastal resources.	SCDHEC no longer has management or fiscal responsibility for this program.		
II.B.1.b Charleston Harbor S.A.M.P.	Protect, enhance and sustain environmental and coastal resources.	SCDHEC no longer has management or fiscal responsibility for this program.		
II. B. 1. c. Coastal Zone Education	Protect, enhance and sustain environmental and coastal resources.			
II. C. Air Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increase support to and involvement by communities in developing healthy and environmentally sound communities.	Increase public understanding of ground-level ozone alerts through increased outreach activity to the public. Increase percentage of state and associated populations living in areas meeting state and federal ambient air standard. Reduce air toxins. Assure strategies are in place to address adverse air quality impacts on natural resources. Reduce the amount of asbestos released to the environment as a result of demolition projects.	7.1.5 7.2.7	

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II.D.1 Land Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increases support to and involvement by communities in developing healthy and environmentally sound communities.	Track and report number of non-responsible party contracts (Brownfields) executed. Track and report trends in hazardous waste generation. Reduce the number of landfills through regionalization. Maintain effective and efficient disaster preparedness and response capability. Respond to 100% of Emergency Response notifications. Provide technical information for state, federal and local emergency responders. Encourage businesses to operate with as little impact to the environment as possible through voluntarily improving performance beyond regulatory compliance. Track and report the amount (acres) of mined land reclaimed. Establish appropriate controls for regulated activities. Ensure regulated activities are in significant compliance.	7.1.4 7.1.5 7.2.2 7.2.3 7.2.6	
II. D. 1.a Savannah River Plant	Protect, enhance and sustain environmental and coastal resources.	Track and report the number of actions taken to remediate contaminated land.		
II.D.1.b Hazardous Waste Contingency Fund	Protect, enhance and sustain environmental and coastal resources.	Track and report the number of actions taken to remediate contaminated land.	7.2.3	

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II.E.1 Family Health Infectious Disease Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.. Eliminate health disparities.	Average number of unannounced inspections per food service facility in 2003 was 2.03. Average number of announced (follow-up) inspections/visits was .98 per facility. The target of 4 unannounced visits per facility cannot be met given current program resources. The reported number of food borne outbreaks was 150 in 2003, compared to 145 in 2001. Syphilis cases have dropped in SC to 136 in 2002, from 380 in 1997. Detection of Chlamydia in DHEC clinics has dropped to 6.9% of screened persons, compared to 9.5% in 1998. Person living with HIV Infection in the state have increased, now over 12,000 in 2002. Pediatric HIV cases down to 4 in 2002 from 7 in 1998. The AIDS Drug Assistance Program has increased the number of people served by 56% from 2000 to 2002. The number of HIV deaths has decreased 56% from 1994 to 2001. The reported number of tuberculosis cases has dropped 38% from 1991 to 2002. The number of persons with TB disease who completed treatment is above the goal for the nation of 90% (94% in SC in 2001). Immunization coverage among 2-year olds has remained consistently high, above the national average: 87.3 percent in 2001. Immunization coverage among seniors 65+ for pneumococcal and influenza has improved in SC, and currently stands at 69.4% for influenza and 64.9% for pneumococcal vaccination, both above the US rate.	7.2.9 7.2.10 7.2.13 7.2.14 7.2.17 7.2.18 7.2.19 7.2.20
II.E.1.a Palmetto Aids Life Support	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.. Eliminate health disparities.	Annual CARE Act Data Reports will measure services provided, number of unduplicated consumer contacts, new program consumers and other measurement information.	7.2.19 7.2.20

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II.E.2 Maternal and Infant Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	In 2002, 73.7% of all Very Low Birth Weight Infants were born in Level III hospitals, compared to 70.2 in 2001. The infant mortality rate in 2002 was 9.3 per 1,000 live births, considerably above the national rate. Teen pregnancy rates for SC continue to decline. In 2002, it reached a historical low for the state of 38.2 pregnancies per 1,000 female teens 15-17 years of age. 40% of Medicaid-eligible children received a preventive dental service in 2002, a historical high.	7.2.11 7.2.15 7.2.16	
II.E.2.a Kids Count	Prevent teen pregnancy.	Contract issued and funds expended for its intended purpose.		
II. E. 2. b Maternal and infant Health-Newborn Screening	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Program protocols reflect measurable outcome standards recommended by the Joint Committee on Infant Hearing and the American Academy of Pediatrics. Program indicators are continually measured against the national standards to determine program effectiveness. These outcome standards include: screening newborns for hearing loss at birth or before one month of age, beginning appropriate audiological and medical evaluations to confirm hearing loss by three months of age, and access to early intervention services by six months of age.		

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II. E. 3 Chronic Disease Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	All health districts incorporate healthy nutrition and physical activity into community services and initiatives. Districts established and maintained partnerships to promote physical activity and healthy eating practices, and used a multidisciplinary approach targeting families to establish lifelong healthy eating and activity behaviors. The Governor's Council on Physical Fitness and the South Carolina Coalition for Promoting Physical Activity emphasized Safe Routes to School/Walk to School Day initiatives to promote increased physical activity and safer environments for children. Percent of public high school students reporting moderate physical activity has increased from 16.6% in 1995 to 22% in 1999. Percent of adults reporting moderate physical activity increased from 31.5% in 2001 to 32.2% in 2002.	7.2.21 7.2.22
II.E.3.a Youth Smoking Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	The percentage of current cigarette smokers among adolescents in grades 9-12 increased from 32.6% in 1995 to 36% in 1999, a higher rate than the national average and well above the national goal of 16%. This measure shows the need for a comprehensive approach to tobacco use prevention.	

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II. E. 4 Assuring Public Health Services	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Forty-six county health departments provide public health and environmental health services to the public. Outcome measures are listed for each public health program activity on this worksheet. Customer satisfaction with the overall quality of DHEC service has been 90% or above for the past five years, based on a customer service survey. Children with incapacitating injuries due to motor vehicle crashes decreased to 64 in 2002 from 73 in 2001. The number of deaths decreased to 57 in 2002, from 59 in 2001. 36 health facilities were inspected and recommendations were given to eliminate barriers to access. Child fatalities (not including motor vehicle crash deaths) decreased from 209 in 2001 to 205 in 2002. Indicators of reduction in health disparities include: improvement in flu and pneumonia vaccination rates and reduction in new HIV/AIDS case rates. Rate of diabetes, cancer, and cardiovascular disease and infant mortality are additional indicators of population health and disparity. Migrant Health Program provided health care services to 1,586 migrant farm workers through direct clinic sites and statewide contract health providers in 2003. Outcome measures address 16 critical capacities and 46 critical benchmarks specified in the federal cooperative agreements. Example indicators include threat and vulnerability assessments, emergency operations plans for mass casualties. Strategic National Stockpile deployment plans; disease reporting and surveillance systems; laboratory surge capacity. Health Alert Network, public information, hospital surge capacity, training and exercise.	7.2.11 7.2.12 7.2.13 7.2.14 7.2.15 7.2.16 7.2.17 7.2.18 7.2.20 7.2.21 7.2.22 7.2.23
II.E.4.a Family Health Centers	Improved access to health care for citizens of rural areas throughout the state.	Projects and centers funded to improve access to care.	
II.E.4.b Family Health Center Lancaster-Kershaw	Improved access to health care for the citizens of Lancaster-Kershaw.	Funds transferred to the University of South Carolina, Medical School (Columbia) for the Lancaster Kershaw Rural Health Clinic.	
II.E.4.c Biotechnology Center	Provide operating funds for the SC Biotechnology Center.	Funds transferred to SC Biotechnology Center.	
II.E.5 Drug Control	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Enforcement of regulations dealing with the distribution of controlled substances in the health care field.	

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II.E.6 Rape Violence Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities.	The reported number of sexual assault cases was 4,056 in 2002 compared to 4,048 in 2000.	
II.E.7 Independent Living	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Out of 250 outcome measures in the nationally normed home health dataset, the DHEC home health program maintained 175 measures above the national average and 75 were below the national average in FY 2003. Children's Rehabilitative Services monitors program activities based on the 6 national outcomes: 77.5% of clients had an identified Medical Home; 95.34% had private or public insurance to help cover cost of services; 89.8% had transition plans to adult life; 76.43% had services organized in ways that families can utilize easily; 77.46% of families participated in all levels of decision making regarding their child's care; 60.09% received early and continuous screening for special health care needs. BabyNet children served increased by 160 children in SFY03; and 71% have Medicaid to assist with service delivery costs; 16% are referred under the age of 1; and referrals have increased 50% since 1999. The reduction of morbidity and mortality among those with sickle cell disorders as well as to decrease cost associated with hospital and emergency room visits and morbidity attributed to adults with sickle cell disease.	7.2.12
II.E.7.a Camp Burnt Gin	Improve the quality and years of healthy life for all.	Camp Burnt Gin conducts client and family satisfaction surveys to assure that programs and services maintain high standards and meet the children's needs.	
II.F.1 Health Care Standards- Radiological Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Ensure radiation exposures to workers, patients, clients, and the general public are kept at or below levels that would subject them to unacceptable levels of risk (within regulatory limits). Complete compliance surveys within specified time frames. Ensure facilities in violation of regulations have appropriate corrective action plans to prevent recurrence.	
II.F.2 Health Care Standards-Health Facilities and Services Development	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Produce an annual State Health Plan. Review Certificate of Need and non-applicability requests within specified time frames and approve application only if consistent with the State Health Plan. Review and allocate Medicaid patient days in a timely manner.	
II.F.3 Health Care Standards-Health Facility Licensing	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Conduct compliance inspections of licensed facilities within specified time frames. Conduct investigations after receiving complaints in a timely manner. Complete perinatal surveys with specified time frames. Ensure non-compliant facilities have appropriate corrective action plans to prevent recurrence.	

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II.F.4 Health Care Standards - Certification	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Complete compliance and complaint surveys within specified time frame. Successfully complete audit by Centers for Medicaid and Medicare Services. Ensure non-compliant facilities have appropriate corrective action plans to prevent recurrence. Take action as necessary to protect the immediate safety and well-being of residents and patients.	
II.F.5 Health Care Standards – Emergency Medical Services	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Complete compliance surveys of ambulance services and ambulances within specified time frames. Complete complaint investigations in a timely manner. Process grant-in-aid applications and contracts in a timely manner. Consult with hospitals regarding trauma center designations and requirements. Monitor expenditures to ensure funds are expended appropriately and in accordance with the intent of the statute.	7.2.8
II.G.1 Health Surveillance Support Services – Health Laboratory	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Complete data is available for FY03. During that year the Laboratory performed 1,051,475 tests on 434,014 specimens. The laboratory could not test 0.07% of specimens received, due mainly to errors in shipment. Times needed to provide test results were monitored and met or exceeded standards of practice. Cost of tests and productivity is carefully monitored and adjustments are made as indicated by the data. Sophisticated cost-accounting assures that the cost to DHEC programs for routine tests is at or below the reimbursement rates used by Medicaid. Productivity is monitored quarterly using a sophisticated ‘et available time’ technique and rarely below 90%.	
II.G.2 Health Surveillance Support Services –Vital Records	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	The collection of data on which to scientifically base public health decisions.	7.2.23
VIII. Employee Benefits –State Employer Contributions	Improve organizational capacity and quality.	State Employer contributions for health, dental and unemployment insurance, workers compensation, social security and retirement.	

\* The agency is in the process of transitioning from the Strategic Plan 2000-2005 to the new plan for 2005-2010.